THE JOURNAL OF OLD NORTH STATE MEDICAL SOCIETY

"DEVOTED TO THE PROGRESS OF MEDICINE"

DR CLYDE DONNELL

Doctor-of-the-Year

VOLUME III OCTOBER, 1953 NUMBER I

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FOREWORD

Dear Reader:

This is the first issue of four of the Journal of the Old North State Medical Society. We sincerely hope that you will enjoy reading it and we would like to request that you jot down your criticisms and send them to me. It is our intention to cover the news of our society, to print scientific papers, to give a pat-on-the-back for a job well done by our members when we can find out about it. To do this, we must get news items from the local societies, individuals, and regional meetings. To put it bluntly. "If you will write it we will print it."

We know there are flaws in our first efforts but we urge you to be considerate and help us in the many ways you have at your finger tips. The deadline for the December issue is November 10th. Let us have those scientific papers delivered before your local groups, jot down what your society is doing or planning to do from the standpoint of civic as well as medical efforts. Tell us about the births in your group and appointments to committees and commissions and finally gentlemen let us know your "GRIPES" as well. —Ed.

The Journal of the Old North State Medical Society

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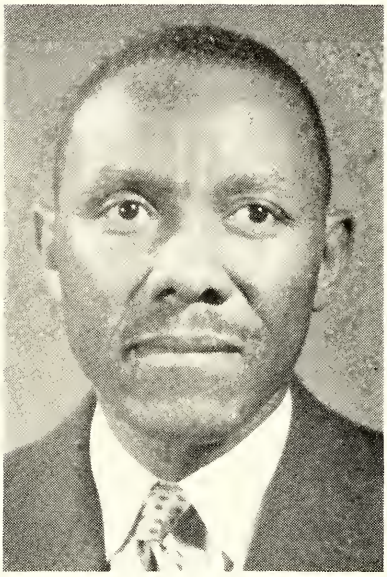
President Old North State Medical Society



Dr. W. A. Cleland, President

Dr. William Alexander Cleland, a native of Hickory, North Carolina, but now residing in Durham where he makes his home, was inducted into the office of President of the Old North State Medical Society at its annual meeting in Rocky Mount, N. C., June 8th, 9th, and 10th. He is a graduate of Howard University School of Liberal Arts and the Howard University Medical School. He has completed two years of postgraduate work in Pediatrics at the New York University-Bellevue Medical Center and is now a candidate for the M. Med. Sc. degree subject to acceptance of his thesis.

He served as a captain in the Medical Corps of the United States Army during World War II and saw action in the Mediterranean theater of action.

Besides serving as President of the Old North State Medical Society, Dr. Cleland is President of the Staff and Pediatrician to Lincoln Hospital, Durham. He is a member of the Durham Academy of Medicine, member of the National Medical Association. He is married to the former Miss Stella E. Harris of Portsmouth, Va.

The Goals of the Present Administration

OLD NORTH STATE MEDICAL SOCIETY

1. To effect a dynamic union with the policy makers of North Carolina medical practices, while maintaining the unique integrity of the Old North State Medical Society.

2. To present to all a formidable buttress against those who would deny us our heritage in a democracy, while fostering rugged individualism in thought and action.

3. To seek information from those most advanced in medical investigations; counsel from those with the most experience and cooperation from all in our quest for medical advancement.

In order to map the strategy required to accomplish these ends, the Administration desires an interim meeting with the Executive Committee, and a representative from each of the constituent societies and/or geographical areas early November at some central location, time and place to be announced later. The President is desirous of visiting each society at one of their meetings.

"Doctor Draft" Is Put On The Shelf

Under a dateline from Washington the Defense Department this week (September 10th) ended the so-called "doctors draft" under which 8420 physicians and dentists were inducted into the armed services during the past two years.

The department said this was made possible because many doctors have volunteered. In addition, some Army doctors are not leaving the service as expected.

The Army said so many physicians have volunteered over the past two years that it is able to turn over 500 newly commissioned physicians to the Navy and Air Force. These two services have not been accepting volunteers recently.

The ending of the draft applies only to physicians but it was pointed out that no dentists have been drafted in recent months.

ANNOUNCEMENT

Dr. F. E. Davis, Secretary-Treasurer, announces an important meeting of the Executive Committee at the Hayes-Taylor Y.M.C.A., Greensboro, Sunday, October 18, at 1:00 p. m. All members are urged to be present. Representatives of the constituent societies have been invited along with the Executive Committee members.

Don't Do This For Asthma

Oscar Swineford, Jr., M.D., University Hospital, Charlottesville, Va.

An analysis of and recommendations for the correction of some of the more commonly observed errors in the management of asthma forms the basis of this anniversary report from the University of Virginia Allergy Clinic. To emphasize these errors, 50-odd "DON'TS" are discussed dogmatically under the headings: symptomatic treatment, treatment of infection, elimination diets, information obtained from skin tests, injection of allergens, classification of asthma, and miscellaneous.

Symptomatic Treatment

Don't overdose with aqueous adrenalin. Two-tenths cc. of 1:1000 Adrenalin (epinephrine) usually acts quickly and effectively for several hours. Repeat 2 or 3 times at 10-minute intervals if necessary. Additional or larger doses are not apt to help when enough has been given to speed the pulse perceptibility, or to cause tremor, palpitation, apprehension, or pallor. It seldom causes troublesome side effects when just enough is given to relieve the attack. Most supposed instances of intolerance are due to all-too-common over-doses of 0.5 to 1.0 cc.

Don't hesitate to teach asthmatics to give themselves Adrenalin. The knowledge that prompt relief is at hand removes much of the fear which so often converts a mild attack into a severe one.

Don't use Adrenalin in oil to relieve an acute attack. It takes effect slowly as a rule. Its proper use is to maintain relief gotten from aqueous Adrenalin or other remedies and to abort regularly recurring attacks.

Don't give Adrenalin in oil until it has been thoroughly emulsified by warming in the hand and shaking vigorously for 1-2 minutes. One ampoule of Adrenalin in oil contains the equivalent of 2 cc. or 10 normal doses of aqueous Adrenalin. Unless it is thoroughly emulsified, severe Adrenalin over-dose reactions are to be expected.

Don't let patients "chain smoke" their nebulizers.

Don's use substitutes for Adrenalin and ephedrine routinely. They are not as effective as a rule, but they can be tried in the occasional case when Adrenalin and ephedrine are not well tolerated.

Don't expect aminophylline by mouth or by rectum to relieve severe attacks. These routes are effective for mild attacks and for prophylaxis. Gastric or rectal irritation sometimes prevent their continued use.

Don't use intramuscular aminophylline, in spite of the label on the ampoules. It is cruelly painful as a rule.

Don't give intravenous aminophylline rapidly. One-quarter to ½ Gm. intravenously should take 3-5 minutes. A 25-26 gauge needle lessens the tendency to painful extravasations.

Don't prescribe potassium iodide unless direct questioning discloses no troublesome reactions to it.

Don't use compound tincture of benzoin, camphor, menthol inhalation. Plain steam will do as well and does not cause the troublesome reactions sometimes caused by strong smelling drugs.

Don't use morphine or its derivatives. They are sensitizers, respiratory depressants, anti-expectorates, habit-formers, often lethal, and unnecessary.

Continued on Page Nineteen

Named Doctor-Of-The-Year

Dr. Clyde Donnell, Durham, Named Doctor-Of-The-Year by the Old North State Medical Society

Dr. Clyde Donnell, Durham, Vice-President and Medical Director of the North Carolina Mutual Life Insurance Company, was selected as the recipient of the first Doctor-Of-The-Year Award by the Old North State Medical Society at its annual meeting in June. For a man who had given 32 years of service as Secretary-Treasurer of this organization the award was most fitting. Dr. Donnell rates highly with all of his colleagues not because of fear but for his characteristic quiet humor, his unswerving allegiance to our society, his congenial air at all times, and his straightforward manner of speaking.

To "Dr. Clyde" we say, an honor richly deserved. To the committee making the selection we say, well done.

CLYDE DONNELL, M. D.

Vice-President and Medical Director of the North Carolina Mutual Life Insurance Co., Dr. Clyde Donnell was born in Greensboro, N. C., August 4, 1890, the son of Smith and Mrs. Lula (Ingold) Donnell. After graduating from A. & T. College of Greensboro, with a B. S. Degree in Agriculture, Dr. Donnell attended Howard University of Washington, D. C. (A. B. Degree in 1911) and Harvard University Medical School of Boston, Massachusetts (M. D. Degree in 1915). He received his hospital training at Massachusetts General, Boston City, Boston Lying In and Boston Children's Hospitals. Dr. Donnell has since done graduate work at Harvard and at McGill University in Canada.

Coming to Durham in August, 1917, Dr. Donnell has gained recognition as a business and civic leader. In addition to his duties with the N. C. Mutual he is Chairman of the Board of Directors of the Mechanics and Farmers Bank, Vice-President of the Mutual Savings & Loan Association, Treasurer of the Durham Academy of Medicine, Ex-Secretary and Treasurer of the Old North State Medical Society (in office for 32 years), Ex-General Secretary and Business Manager of the Journal of the National Medical Association and President and Chairman of the Executive Board of Lincoln Hospital.

He was chairman of the Health Commission—Division of Cooperation in Education and Race Relations, affiliated with the State Board of Education, University of North Carolina and Duke University. This commission held yearly clinics in post graduate medicine and surgery for seven years ending at the beginning of World War II.

On December 10, 1919, Dr. Donnell married Miss Martha Merrick of Durham. He is a member of St. Joseph Methodist Church, and is affiliated with the Elks, the Alpha Phi Alpha Fraternity, John Avery Boy's Club, Urban League, N. A. A. C. P., Interracial Commission, National Negro Business League, Durham Business and Professional Chain and Durham Committee on Negro Affairs.

Named President-Elect 1954

Dr. J. S. Simmons, President-Elect of the Old North State Medical Society, was born in Milledgeville, Ga. He received his early education in his home town and his high school education at Tuskegee Institute, Alabama. He completed his college education at Morehouse College in Atlanta, Ga., receiving the B. S. degree in 1929. His medical training was done at Meharry Medical College and his interneship at Kansas City General Hospital No. 2, Kansas City, Mo.

Dr. J. S. Simmons

Jim, as he is known to his colleagues, has had extensive experience in the field of medicine. He has served as Medical Officer at the Veteran's Hospital, Tuskegee, Alabama, and was a member of the staff of the N. C. Sanatorium at McCain, N. C. He has attended medical clinics throughout his career. His last post graduate course was under the eminent Dr. Samuel Levine in Clinical Heart Disease at the Harvard Medical School. He is married to the former Gladys A. DeBerry of High Point and is the father of four children. At the present time he is on the staff of the Lee County Hospital and is a member of the Sanford Recreation Commission. Prior to his election as President-Elect of the Old North State Medical Society he served as chairman of the Medical section for four years. He is a member of the Durham Academy of Medicine, Masonic Lodge, and the Alpha Phi Alpha fraternity.

Dr. Simmons states that he firmly believes in a policy of total integration in the field of medicine throughout the United States but at the same time he does not think that we should lose sight of the present need of a better, more efficient and cohesive State organization. He says "Each of us should ask ourselves what am I doing to make the Old North State a Better Organization. Each Negro doctor is responsible for the type of medicine we now have. All of those who have been negligent in attendance should turn their talents and their energies towards making this society a GREAT society. We should not be content with what progress we have made . . . Our watchword should be "FORWARD," there is always room at the top."

NOTICE!

Have you paid your 1953 dues? If not, please send your check today. An enclosed check will do the "trick." Won't you please sign it and return to Dr. F. E. Davis, 907 East Market Street, Greensboro.

Vice-President 1953-1954

Dr. Emery L. Rann, Charlotte, N. C., Vice-President of the Old North State Medical Society, was born in Keystone, W. Va. He received his early education in his home town and did his high school work in Charlotte. His collegiate training was received from Johnson C. Smith University and his medical education was done at Meharry Medical College, graduating with the class of 1948. Dr. Rann also holds the degree of Master of Science from University of Michigan. He has been engaged in the practice of medicine in Charlotte since 1949. Dr. Rann is quite active in civic affairs of his home town as well as in the activities of the Old North State Medical Society. Before being elected as Vice-President of the organization he had served one term as a member of the Executive Committee of that body. He is President of the Charlotte Junior Chamber of Commerce, President of the Pan-Hellenic Council of Charlotte, President of the Charlotte Medical Society, Chief of Staff, Good Samaritan Hospital, Member of the Mayor's Committee on Crime, Member of the Board of Trustees of the Charlotte Tuberculosis Association, President of the Johnson C. Smith General Alumni Association and a member of the Alpha Phi Alpha fraternity.

Dr. Emery L. Rann

POSTGRADUATE MEDICAL CLINIC

Sponsored by

THE OLD NORTH STATE MEDICAL SOCIETY

and the

MEDICAL STAFF OF LINCOLN HOSPITAL

Subjects:

HEART DISEASE AND CIRCULATORY PROBLEMS—OCT. 30

CANCER AND THE DIAGNOSIS OF CANCER—OCT. 31

Lincoln Hospital, Fayetteville Street, Durham, N. C.

Registration Fee $5.00. Make your plans to attend. Address your inquiries to Dr. W. A. Cleland, Chairman of Postgraduate Clinic, Lincoln Hospital, Durham, N. C.

EDITOR'S PAGE

Should We Take The Mountain To Mahomet!

An unusual happening took place at the last annual meeting in Rocky Mount. An invitation from a constituent local society was flatly rejected in spite of the fact that no other invitation was presented by any group. The reason behind this rejection seemed to stem from the fact that the men who extended this invitation always found it convenient to be absent from the annual meetings when they were held elsewhere. This did not include the familiar figure of Dr. H. D. Malloy who has always been a pillar of progress in his organization. That this stay-away policy was being practiced by these men was aptly pointed out by one of the members when he brought out the fact that a member of the inviting group had served as President of the State organization but after serving his stewardship he has not attended an annual meeting nor has he been present at an Executive Committee meeting, a committee he automatically becomes a part of as a result of serving as president.

This corner finds it difficult to go along with the members of the group extending the invitation. All of us realize that the salvation of the practice of medicine and pharmacy in our State is tied closely with our State organization. If our State society is not worthy of the few days spent in attending the clinical lectures and fraternizing with your colleagues and if its programs cannot offer what you would like then the way to improve it is by attending and voicing your "gripes" in person rather than standing on the outside and offering your criticism. One never has improved an organization by staying away from its meetings. The voices of those crying out in the wilderness cannot be heard outside. Let those voices come in and sound off. The Society is still democratic. It has its shortcomings but only you can eliminate these dislikes and you can only do it by becoming active in your organization.

To those men who refuse to become a part of the Old North State Medical Society we say what better can you offer? If what you believe is as good as you think it is why not let the rest of the organization in on it? If it is not, then join up, and help to improve what we already have. In this case it seems that "Mahomet Should Come to the Mountain."

The Battle Lecture Fund

The recent death of Dr. James Alexander Battle of Greenville which occurred as he was returning home from attending the sixty-sixth annual meeting in Rocky Mount brought into focus a project that is well worth the consideration of his colleagues. One of the clinicians, Dr. John G. Smith, Parkview Hospital, Rocky Mount, knew Dr. Battle intimately and on receipt of the check for his honorarium for his appearance before the society the following letter was received by the Secretary-Treasurer:

July 24, 1953

F. E. Davis, M. D.
907 East Market Street,
Greensboro, North Carolina.
Dear Dr. Davis:

Let me thank you for your generous honorarium for

my appearance on the program of the Sixty-Sixth Annual Session of the Old North State Medical Society held recently in Rocky Mount. I accept with warmest gratitude and I am equally grateful for the warmth and kindly reception accorded me.

Your letter and check of July 20th, have supplied me with something which I have earnestly been seeking since the close of your last annual session, and that is to make some tribute toward the late Dr. Battle. I have always been impressed with the fidelity of interest and attendance which he made at your meetings, and his very gentlemanly and humane qualities. Allow me if you will, to endorse this check to, shall we say, "The Battle Memorial Fund," which I am sure has been or will be set up in memory of this good member who met so untimely a misadventure while in the service of your society. I am sure there are others who have known Dr. Battle, who would be interested in seeing perhaps say a lectureship being set up in his memory, and possibly the "Battle Lecture" might come to be a traditional feature of your meetings.

With kindest regards and warmest good wishes, I am,

Gratefully,

John G. Smith, M. D.

Certainly, Gentlemen, this thoughtfullness on the part of Dr. Smith gives us hope that such a lecture will become a part of our regular annual sessions and we earnestly hope that there are others who will follow in Dr. Smith's steps and make contributions that this memorial may become a reality.

Best Wishes To The Reestablishment of The Lincoln Hospital Clinic

One of the most welcomed announcements to reach this desk came a few days ago and it concerned the reestablishment of the Lincoln Hospital Clinic. The dates for this clinic have been announced as October 30th and 31st.

A large number of the members of the Old North State Medical Society will recall the usefulness and the fine tradition lying behind this movement. These same men will tell you how much good was to be had out of attendance at these clinics and they will also tell you how enjoyable they were from every angle. There was the real down-to-earth presentation of topics, questions were asked freely, and knotty problems in diagnosis and treatment were cleared. The meeting of this clinic was like Old Hometown Week with fellowship having its day along with the dessimination of medical knowledge.

Now again the Lincoln Hospital Staff along with the Old North State Medical Society is sponsoring this affair. The date has been set

(Continued on Page Thirteen)

Congratulations - - -

Dr. George Hampton, Greensboro, for his reelection to the Greensboro City Council in the recent city-wide elections.

Dr. G. K. Butterfield, practicing dentist of Wilson, for his election to the Board of Aldermen of that city.

Dr. Murray B. Davis, High Point, for his reelection as Secretary of the House of Delegates of the National Medical Association.

Dr. E. E. Toney, Oxford, for his reelection to the Board of Trustees of the National Medical Association.

Dr. Walter Hughes, Bennett College, Greensboro, for his appointment as chairman of the Committee on Amendmnets and By-Laws of the Constitution of the National Medical Association.

Dr. E. E. Blackman, Charlotte, for his election as chairman of the Committee on Nominations of the National Medical Association. Dr. Blackman was chosen as a result of his polling the highest number of votes of any man on this committee.

Dr. Joseph Weaver, Ahoskie, for his appointment to the staff of Roanoke-Chowan Hospital as physician-on-call. Dr. Weaver handles any patients entering this hospital while he is on call when they are not assigned to a particular physician.

Dr. William Hoffler, Elizabeth City, for his appointment to the staff of the Pasquotank Hospital of that city. He is the first Negro to be appointed to this staff.

Dr. Rufus Hairston, Winston Salem druggist, for his election to the presidency of the National Pharmaceutical Association.

Dr. York D. Garret, Durham, for election as Committeeman-at-large of the National Pharmaceutical Association.

Dr. R. E. Wimberley, Raleigh, for his election as Chaplain of the National Pharmaceutical Association.

Dr. Emery L. Rann, Charlotte, for his appointment to the Mayor's Crime Commission of that city.

Dr. L. P. Armstrong, Rocky Mount, for his reappointment to the City Housing Authority for a term of five years.

Dr. L. W. Upperman, Wilmington, for his election as Chief-of-Staff of the Community Hospital, Wilmington. This is a mixed staff and is predominantly white although the hospital is strictly for Negro patients. Dr. Upperman is also to be handed a pat-on-the-back for his development of Topsail Beach, a project that rates with the best of beaches.

Dr. D. C. Roane, Wilmington, for his election as Secretary of the Staff of Community Hospital, Wilmington. He is also President of the Board of Directors o fthe Community Boys Club of this city.

Dr. S. James Gray, Wilmington, for the completion and opening of his new Medical Clinic in January.

Dr. Hubert Eaton, Wilmington, for his continued interest in tennis, having reached the semi-finals in the men's singles division of the A.T.A. tournament at Daytona Beach, Fla., and for his work with the Williston High School Boosters Club. This club installed lights in the high school park for night play last year.

Highlights of 1953 Business Meeting

66th Annual Session Old North State Medical Society

By DR. M. D. QUIGLESS, Recording Secretary

As we look back at the 66th Annual Meeting, one fact stands out permanently above all others. More constructive work was done in the business meetings with less friction than has been done heretofore in the last 15 annual meetings that I have attended. The unstated theme of the session seems to have been "Progress to Full Recognition With a United Front."

The President, Dr. W. T. Armstrong, in his Annual Address, spoke on "The Educational Value of the Medical Society." He stressed the down-to-earth point that we must work to improve our grasp of the medical problems that confront us today as physicians and as a group that is striving for full recognition in the world of medical practice.

The report of the Committee on Recommendations headed by Dr. Roy S. Wynn contained some excellent ideas. The committee recommended that the members be encouraged to study for certification by the various boards. Attendance at Clinics and Post Graduate Courses were also stressed.

Dr. E. E. Blackman presented the Citation to Dr. Clyde Donnell as the Physician of the Year.

One of the outstanding reports was that of Dr. Murray B. Davis as Chairman of the Committee on Integration. The report was thorough and complete.

Dr. Davis presented facts that revealed a thorough understanding of the job at hand. His management of this touchy matter gave us hope that concrete progress may be expected with persistent effort along the lines being followed at present but we must stand behind our committee on Integration 100 per cent if we are to be benefitted.

In the course of Dr. Davis' report it was brought out that a weakness existed in our executive set-up in that between sessions the well-known "buck" could be passed as regards to which officer of the society could take action for the body in emergencies.

Dr. Hogans suggested that our Secretary-Treasurer be given the title of Executive Secretary so that no person or group from the N.M.A. on down could be in the position to say that they did not know who to contact regarding matters pertaining to the Society.

It was with extreme regret that we acquiesced to Dr. Clyde Donnell's request that we obtain another Editor for the State Journal since its inception. In fact, his dynamic personality has helped the Old North State Society from expiring on many occasions. Dr. Donnell is not through yet, we will just let him rest a while.

Dr. Murray B. Davis gave a report as delegate to the N.M.A.

In his immutable way, Dr. York D. Garrett reported as a delegate to the National Pharmaceutical Society.

Dr. Wimberly reported for the Nominating Committee as follows:

President, Dr. J. S. Simmons

Secretary-Treasurer, Dr. F. E. Davis

Recording Secretary, Dr. M. D. Quigless

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GYNECOLOGY IN GENERAL PRACTICE

BY EMIL NOVAK

(Reprinted here by permission of Emil Novak)

I believe that the better type of general practitioner is well equipped to handle many minor gynecologic problems, not only because he has had the initiative to learn a good deal about them, but also because he knows enough to know his own limitations. He wouldn't think, for example, of treating abnormal bleeding in a middle-aged or old woman without making the pelvic examination, and he certainly would not give her hormones before he makes such an examination.

Speaking of hormones, he certainly wouldn't reach for his hypodermic and begin to give "shots" to every woman over 40 just because she complains of nervousness, headaches and irritability, though she is menustrating perfectly normally and has none of the vasomotor flushes and sweats which are the symptomatic criteria of the menopause. He will know that the vague functional symptoms of so many middle-aged but normally menustrating women have nothing at all to do with the menopause, which may not occur until many years later. He will take the time to convince himself that such a woman has developed these symptoms because of domestic, economic or marital stresses of one sort or another, such as the worries of rearing a large family of children or contending with an unsympathetic or misbehaving husband. He will have made himself a pretty good amateur psychiatrist, and he will have learned that the term psychosomatic medicine refers to the kind of medicine which all doctors with common sense and a good conscience have always practiced.

The right type of general practitioner will also know that the menopause, when it comes, is not a disease but a perfectly normal phase of a woman's life, and he would take the time and trouble to explain to apprehensive women what the menopause is and especially what it isn't; that it never causes insanity, that it does not mean the end of normal sex life, and that a woman is not doomed to becoming gross and fat. Above all he will impress on her that most women need no hormones of any kind and are better off without them, which may surprise her because so many of her friends have been taking "shots" for years.

But our sensible and well informed doctor will patiently explain that the menopause is merely a transition phase during which the cessation of ovarian function imposes an endocrine readjustment which is usually manifested by vasomotor symptoms such as flushes and sweats; that such symptoms are ordinarily easily tolerable, that they disappear in a reasonable though unpredictable time and that it is better to get along without hormones, if possible. He knows, of course, that in a small proportion of women the symptoms are so severe that they are entitled to the relief which interrupted estrogen therapy can give, but he will impress on his patient why continuous estrogen therapy is both irrational and hazardous.

If estrogen therapy for menopausal symptoms is necessary, our model young doctor would give this orally and no thypodemically, not only because the oral plan is just as effective, more convenient and agreeable, and cheaper, but because of the danger of a psychologic "shot" addiction which is extremely hard to break. I would feel proud

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Highlights of the N. M. A. Meeting

Dr. F. E. Davis, Secretary-Treasurer of the Old North State Medical Society, headed a delegation of twenty men from North Carolina attending the clinical and business sessions of the N.M.A. in Nashville. Some of the highlights of this meeting are briefly outlined below:

1. Dr. F. E. Davis, Secretary-Treasurer of the Old North State Medical Society, was asked to serve on a special Presidential Advisory and Legislative Committee appointed by the President, Dr. W. C. Atkinson.

2. Dr. Murray B. Davis, High Point, was reelected as Secretary of the House of Delegates.

3. Dr. E. E. Toney, Oxford, was reelected to the Board of Trustees of the N.M.A.

4. Inducted Dr. A. Porter Davis, Kansas City, Kas., as President.

5. Chose Dr. Matthew Walker as President-Elect.

6. Recommended that Dr. Harold D. West, President of Meharry Medical College, be made an honorary member of the national organization and contributed $2500 to the Meharry Endowment Fund.

7. Heard Dr. Atkinson, the outgoing President, recommend that the dates of meeting be changed to either the fourth Monday in June, fourth Monday in September, or the second Monday in May.

8. Reelected Dr. Walter Hughes, Bennett College, Greensboro, as Chairman of the section of Preventive Medicine and Public Health.

9. The following men were present from the Old North State Medical Society: Drs. C. D. Grandy, Walter J. Hughes, Murray B. Davis, F. E. Davis, J. A. Tinsley, William Hoffler, W. C. Parks, E. E. Blackman, S. M. Beckford, H. T. Allen, L. N. Gallege, T. W. Haywood, E. E. Toney, F. H. Avant, C. B. Codrington, T. H. Williston, W. C. Shanks, H. D. Malloy, John R. Henry, Robert E. Dawson.

10. Chose Dr. Walter Hughes, Bennett College, as chairman of the committee on amendments to the constitution and by-laws.

11. Awarded the Achievement plaque to Dr. G. Hamilton Francis, Norfolk, Va.

12. Denounced President Eisenhower's appointment of Governor Byrnes to the U. N. and supported the N.A.A.C.P. in its fight for full integration.

13. Selected Washington, D. C., as the place for the 1954 meeting.

BEST WISHES TO LINCOLN HOSPITAL CLINIC

(Continued From Page Nine)

for October 30th and a half day on October 31st. The subjects to be handled have been announced as Heart Disease on the 30th, and the Saturday morning clinic will be devoted to Cancer and the Diagnosis of Cancer. The faculty for this postgraduate course will be made up of the staff of Duke University Hospital and Medical School, Memorial Hospital of the University of North Carolina, and members of the staff of Lincoln Hospital and local clinicians. Certainly this meeting will be outstanding in every respect and you cannot afford to miss it. Included on the program of events will be the N. C. State-Tennessee State College football game on Saturday afternoon. We highly recommend it to you and ask your support.

Pharmaceutical Section

The Pharmaceutical section of the Old North State Medical Society came up with radical changes at its annual meeting in June in Rocky Mount, N. C. Dr. R. E. Wimberley of Raleigh was elected as Chairman of the group and Dr. W. E. Armstrong of Rocky Mount was selected to head the program committee for the new term. According to reports from this group it is their intention to revamp their program in its entirety and they are beginning now to line up speakers from the pharmaceutical schools for the 1954 sessions. In addition to these men they expect to have a tax expert present as well as a representative from the Department of Internal Revenue who will discuss the narcotic side of pharmacy. That this will prove interesting cannot be doubted. It was also announced that a membership drive will be sponsored to get all of the older men to attend this meeting and again see if they cannot be brought back into the fold.

At the National Association meeting in Houston, Texas, three North Carolina pharmacists were elected to positions including the presidency. Dr. Rufus Hairston, noted Winston Salem druggist and civic leader, was elected as President. Dr. York D. Garrett of Durham, long time a power in the National group, was named committeeman-at-large for the association and Dr. R. E. Wimberley of Raleigh was named chaplain.

Directions For Preparing Cervical Smears

For Study By the Papanicolaou Method
In the State Laboratory of Hygiene

1. Smear should be taken **before** examination. Do not use lubricant on speculum unless **absolutely necessary.**
2. Smears taken within 12 hours of douching are usually unsatisfactory. Smears may be taken during menstruation.
3. Be sure pipette and slides are dry.
4. Attach to each slide carefully with paper clip, the heavy paper slip provided. Each item is to be filled in by receptionist at time history is taken. Slip will be attached to chart-back.
5. Aspirate specimen from the mouth of the cervix and from any lesion around cervix, using a small suction bulb and pipette.
6. The preparation of the smear is all-important to the success of the method. If the aspirated secretion is abundant it should be expelled on more than one slide. The material is then spread as quickly as possible to prevent drying, using the side of the pipette for spreading. Thickness of smears should be comparable to that of blood smear.
7. Place smear immediately in a fixative of equal parts of 85% grain ethyl alcohol and ether. **Do not allow to dry first.** This spoils the smear.
8. After fixation for 1 hour or longer, remove slide from jar and, without allowing smear to dry, remove paper clip. Put 2 or 3 drops of glycerine directly on the smear and cover it with a clean slide. Put rubber band around the two slides **and the** label.

Pack the slides with the smears in containers supplied by the Laboratory of Hygiene. Twenty or twenty-five slides can be packed in one container.

Are You Planning To Build An Office or Clinic?

If so, here are some of the "Do's and Don'ts" to keep in mind.

"Do's"

1. Choose a quiet street away from traffic if possible, yet convenient to public transportation.
2. Buy enough extra property to adequately accommodate 10 to 15 cars.
3. Build at ground level so that patients need not have to climb steps.
4. Plan enough space so that if you wish to take in a partner you will not be cramped for space.
5. Soundproof your office because patients like privacy in their discussions of their ills.
6. Check with your architect to see that your doors swing in such a way as to provide coverage of a patient that has to disrobe.
7. Put a glass partition between the patients and the receptionist as this is another point that privacy is needed.
8. Place lavatories near your x-ray room. This is a necessity.
9. Put electric outlets in each wall. This will eliminate wires running over and around the room.

"Don'ts"

1. Don't fail to air condition your office. You will be agreeably surprised to know how it affects your attitude.
2. Don't throw away space by having large examining and treatment rooms. 8'x10' is ample space and in some cases even smaller cubicles are nice to work in.
3. Don't make hallways too wide—4½ feet will give you ample space to move about and even if you should use a stretcher you can have ample room for passage.
4. Don't fail to provide a cold water drinking fountain. This eliminates the use of paper cups which so often litter up an office.
5. Don't be afraid to visit your fellow medical man and ask him to point out his mistakes. You can rest assured that he has made some and, in most cases, he will be glad to point them out to you.

Re: Payment of Medical Society Dues

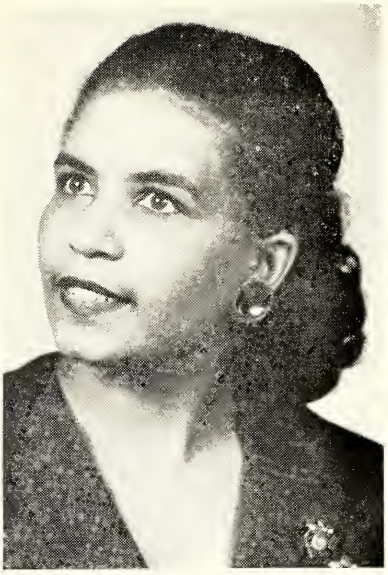
A very distressing note has reached this office from our Secretary-Treasurer in which he points out that a large number of our members are delinquent in their 1953 dues. In an effort to help our busy brethren the Journal is reaching you with a check form made out to the Old North State Medical Society. Won't you please take the time to just fill in the name of your bank, the city in which it is located, and sign it. A three-cent stamp will do the rest and it will make our Treasurer feel 100% better. PLEASE, WON'T YOU DO THIS AS SOON AS YOU HAVE READ YOUR JOURNAL. TO OPERATE, GENTLEMEN, YOU MUST COOPERATE AND COOPERATION MEANS PAYING YOUR DUES.

Obituaries

Dr. James Alexander Battle, Greenville, N. C., died of heart attack June 10th. Dr. Battle was a graduate of Leonard Medical School, Class of 1909. He began his practice in Wilson in 1910 and moved to Greenville the same year. He followed the practice of medicine in this community for 43 years. He was a former President of the Old North State Medical Society, member of the Governor's Civil Defense Committee of World War II, a member of the visiting staff of the Pitt County Hospital, member of the Catholic Church of Greenville and affiliated with the Kappa Alpha Psi fraternity.

Dr. Judge Bustee Davis, Fuquay Springs, N. C. Died of a heart attack August 11th. Dr. Davis was born in Alabama where he attended public schools. He matriculated at Shaw University and did his medical work at Meharry Medical College, graduating with the class of 1916. He had been a resident of North Carolina for 47 years, active in many organizations, practiced in Louisburg before moving his office to Fuquay Springs. Dr. Davis had been in declining health for several months but had not fully discontinued his practice up to the time of his death.

Dr. Max C. King, age 67, Franklinton, N. C. Died at Veterans Hospital, Durham, N. C., September 25th. Dr. King graduated from Leonard Medical School in the class of 1911 and did further work at Meharry Medical College. He was former President of the Shaw University National Alumni Association, a member of the Commission on Social Service for the Council of North Carolina Churches, and a former President of the Old North State Medical Society. He is survived by his wife, one son and two daughters.



MRS. M. B. DAVIS
President
Woman's Auxiliary
to the
Old North State Medical Society
Former High School Instructor
of the
Sciences and Physical Education
Member of
Alpha Kappa Alpha Sorority
President Woman's Auxiliary
to the
Furniture City Medical Society
Graduate of the
Agricultural and Technical College
of Greensboro, N. C.
Active in civic, religious & social affairs
in High Point, N. C.

State Meeting Briefs From The Woman's Auxiliary

Mrs. Gwen P. Davis, President of the Woman's Auxiliary to the Old North State Medical Society, reports that this organization had a most successful meeting in Rocky Mount, June 8th, 9th and 10th.

With Mrs. J. W. V. Cordice of Durham presiding, the organization voted to maintain their dues at the same level as of the previous year. Inspiring reports from seven local auxiliaries were heard. An inspiring address from Mrs. R. Stillmon Smith, Macon, Ga., who is President-Elect of the Woman's Auxiliary to the National Medical Association, was heard. Mrs. Smith chose as a topic "Building Membership." Dr. W. T. Armstrong, President of the State Society, brought greetings from his organization.

The social events were on a very high plane and this part of the program began with Open House at the spacious and beautiful residence of Dr. and Mrs. L. P. Armstrong. The Annual Picnic brought gobs of food and drinks that would tickle the fancy of every gourmet. Ladies Night was a most enjoyable occasion at the New England type home of Mrs. J. D. Winstead. Closing out the festivities Thursday afternoon was Telephone Bridge given by the local Women's Clubs of the city, a very pretty and lovely affair.

The following officers were installed for the coming year:

President	Mrs. M. B. Davis
President-Elect	Mrs. W. M. Bryant
Vice-President	Mrs. F. E. Davis
Corresponding Secretary	Mrs. J. S. Simmons
Recording Secretary	Mrs. M. D. Quigless
Treasurer	Mrs. P. W. Burnett
Publicity Agent	Mrs. H. D. Malloy
Historian	Mrs. E. B. Baucum
Parliamentarian	Mrs. E. E. Blackman
Chairman Advisory Board	Mrs. J. W. V. Cordice

Woman's Auxiliary To The Old North State Medical Society

1953-1954 NATIONAL THEME

"Building Today For a Better Tomorrow by Pulling Together"

PLAN OF ACTION FOR STATE AUXILIARY

Health—Health First Always. Pull Together for Better Health Facilities

1. Encourage annual physical examinations for all people.
2. Raise health standards by cooperation with all Health Agencies.
3. Arrange health programs in cooperation with organized groups.
4. Give volunteer service to Health Departments, hospitals and clinics.
5. Provide funds for indigent patients to receive medicine.

Education—Knowledge Is Power. Let's Pull Together For More Education

1. Plan programs to include the PTA to encourage students to enter college.
2. Encourage Negro History programs and articles in the Press.
3. Pull together for abolishing of "separate but equal" facilities.
4. Encourage "Special Education" for every type of exceptional child.
5. Sponsor scholarships and Future Nurses Clubs.

Legislation—Your Vote Has Force. Pulling Together Gives Greater Force

1. Keep alerted to pertinent Legislative Bills.
2. Study men and measures before voting.
3. Know your Constitution and Bill of Rights.
4. Support all Civil Rights Bills to insure first-class citizenship.
5. Encourage registering and voting by forming study groups.

Human Relations—Live Together and Work For Better Understanding

1. Laws cannot make you love your neighbor—BUT understanding can.
2. Work with interracial groups whenever and wherever possible.
3. Pull together for better community improvements.
4. Work harmoniously together in your Local, State and National Auxiliaries.
5. Plan programs with speakers on this vital subject.

Community Needs—Charity Begins At Home. Pull Together For a Better Community

1. Sponsor a "Paint-Up and Clean-Up Campaign"; it's needed.
2. Support all financial drives for the improvement of the community.
3. Promote a "Go To Church Together" campaign—big dividends will result.
4. Remember the underprivileged with food, kind words and gifts.
5. Give your support to nursery schools and local schools.

A Greater State—Your Attendance Is Needed to Make the State Better

1. Attend your Local, State and National meetings.
2. Carry out our Theme and the Standardized FIVE POINT PROGRAM.
3. Pay your Local, State and National dues promptly.

Don't Do This For Asthma

Continued From Page Four

Don't give any sedative without being sure it has not caused asthma, mental aberration, respiratory depression, or other undesirable reactions previously. Respiratory depression, which many sedatives cause, must be avoided in the tired asthmatic.

Paraldehyde should be used more often. It does not sensitize or depress respiration in pharmacological doses.

Don't use oxygen routinely. Oxygen rarely relieves asthma.

Don't use ACTH or cortisone except:

1. To relieve status asthmaticus.
2. When prolonged treatment, based on comprehensive and repeated analysis of the patient's asthma problems, has failed.
3. To supplement unsuccessfully treated seasonal pollen asthma.

Status asthmaticus means asthma which has not been relieved by Adrenalin, aminophylline, potassium iodide, sedatives, and antibiotics in pharmacological doses. Twenty-five mg. ACTH intramuscularly every 4 hours usually improves status asthmaticus within 4-20 hours. An initial slow I.V. drip of 10-15 mg. in 1000 cc. of 5% glucose seems to bring quicker relief at times. Reduce the dose and lengthen the interval between doses, rapidly, as soon as the attack subsides. Then stop ACTH.

Cortone usually takes several hours longer than ACTH to relieve severe asthma. Otherwise it seems as effective. It works faster by mouth than injection, a real advantage. An initial oral dose of 100 mg., then 75 to 50 mg. every 4-6 hours, brings relief in 12-30 hours in all but the most severe attacks. The dose should be lowered and the interval lengthened, as with ACTH, as soon as the attack subsides.

Oral cortisone is preferred as maintenance therapy in chronic asthma resistant to other therapy. After relief is obtained use the smallest ration which will keep the patient comfortable.

TREATMENT OF INFECTION

Don't stop an effective antibacterial agent until the episode being treated is over. Failure to continue the effective agent for from 5-10 days often leads to mild chronic infectious asthma.

Don't continue one antibacterial agent unless it produces striking benefits within 3 or 4 days and disappearance of pus within 7-10 days. Change to another.

Don't forget that suppression of one type of organism may promote growth of other organisms, particularly pyocyaneus, aerogenes and proteus, and occasionally monilia. Therefore, repeated cultures are necessary when infection persists or flares up during treatment. The antibacterial agents must be changed with the changing flora.

Don't fail to seek help from the rhinologist in infectious asthma. He is an indispensable partner in its treatment. He should lavage antra, aspirate the other sinuses, remove polyps, straighten obstructing nasal septa, employ x-ray therapy and other conservative but vigirous treatment. Radical sinus surgery is still necessary occasionally.

Don't ignore nasal polyps. They should be removed as they form in order to eliminate the role of the naso-bronchial reflex in the production of asthma. They are seldom seen except in the presence of allergy plus infection.

ELIMINATION DIETS

Don't tell patients they are allergic to a food unless avoidance of it is beneficial and eating it causes aggravation of asthma.

Don't tell a patient he is allergic to a food because he has a positive skin test to it... Positive skin tests are discussed later.

Don't eliminate a food from a patient's diet for longer than a specified diagnostic period of 3 or 4 weeks unless the asthma is better when the food is avoided and worse when it is eaten. In this case, the food should be avoided indefinitely.

Don't advise the reduction of intake of a suspected food in a preliminary elimination diet. Instead, all traces of foods suspected by history or skin test should be avoided for a trial period of 3 or 4 weeks.

Don't hesitate to eliminate milk or any other food for a trial period, when suspected by history or skin test. No one food is essential.

Don't fail to prescribe a balanced diet from permitted foods if the elimination diet is to last longer than 2 or 3 weeks.

INFORMATION OBTAINED FROM SKIN TESTS

Don't assume that a positive skin test indicates clinical sensitivity to the reacting antigen. A positive skin test is simply an etiological lead. Before the doctor or the patient can assume a causative role from a reacting food or inhalant, the patient must improve when avoiding the antigen and get worse when in contact with it, and/or he must be improved by injections of it.

Don't think of skin tests and asthma diagnostic studies as synonymous. Skin testing is helpful only in finding the causes of atopic asthma. They are useless in determining other causes of wheezing discussed below.

INJECTION OF ALLERGENS

Don't expect prompt relief from injections. It may take months to get satisfactory results. Relief from a few days of co-seasonal treatment with pollen extracts is an exception to this rule.

Don't inject extracts just because the skin test is positive. In this clinic there have been hundreds of examples of improper prior treatment of grass pollen asthma with ragweed extract and vice versa: simple dust asthma with ragweed extract (in spite of the fact that they were better during the ragweed season than at other times) ; simple infectious asthma with dust extracts. It should be obvious that extracts for injection therapy should be selected from allergens to which the patient is exposed when he has symptoms.

Don't over-treat. A troublesome local reaction or an exacerbation of asthma or of nasal symptoms soon after an injection usually means overdosage. Subsequent doses should be reduced well below the reacting dose. In allergy therapy the thought is appropriate that if a little is good, less (not more) may be better.

Don't stop the injections because there are reactions to them. Instead, dilute the extracts decimally until they no longer react. Dilutions of 1:1,000,000, or less, are sometimes necessary. Extracts which cause symptoms in conventional doses are usually helpful when suitably diluted.

Don't interrupt injection schedules for intercurrent asthma, colds, other illnesses or pregnancy. This is a common practice which serves no purpose.

CLASSIFICATION OF ASTHMA

Don't assume that a given patient's asthma is due to a single cause. Asthma is a syndrome due to narrowing of the airways, which can be precipitated by a variety of causes. These causes may be classified, for purposes of simplification, as atopic (food, inhalants, and drugs), infectious, reflex (nasal polyps, thyroid nodules), physical (heat, cold, dampness, sunlight), psychogenic emphysema, bronchial obstruction (cancer, foreign bodies, mediastinal tumors) and acute left ventricular failure

Proper management of the chronic asthmatic requires a search for multiple causes of wheezing in every case. This search calls for the skilled use of history and physical examination in all cases, and x-rays and skin tests in most. In others the search will require bronchograms, bronchoscopy, biopsies, cultures and antibacterial sensitivity tests, and studies of heart and lung functions.

MISCELLANEOUS

Don't omit asthma from the differential diagnosis in any case of cough or dyspnea, especially if nocturnal, recurrent, and with symptom-free intervals.

Don't discard asthma as a diagnosis because there are no asthmatic squeaks during symptom-free intervals. When absent during the usual maneuvers of the chest examination, they can be elicited frequently by ausculation during forced expiration.

Don't advise parents to "let the child outgrow his asthma." Many do, most of them don't. This vicious cliche has been responsible for the unnecessary crippling of thousands of young adults by chronic lung failure, a common aftermath of untreated childhood asthma.

Don't have house pets, cut flowers, rugs, unnecessary upholstery, pillows, curtains or other dust-collecting materials—and don't use insecticides, scented powders, perfumes, paint, floor wax, or other irritating odors around asthmatics.

Don't smoke around asthmatics, especially children.

Don't pile pillows around an asthmatic during an attack. Many asthmatics are aggravated by feathers. Support his orthopneic position with a chair or other non-allergenic objects under the mattress.

Don't sweep. Use the vacuum cleaner, when the asthmatic is not around.

Don't depend on the clinical examination for the exclusion of sinus infection, particularly in children. X-ray examination is essential for the diagnosis, recognition, and cure of sinus infection.

Don't allow the asthmatic to become dehydrated. The hard work of breathing causes excessive loss of fluid from his lungs and skin. Inspissation of sputum, hemoconcentration, electrolyte imbalance, and their sequelae, may result.

Don't be satisfied with good but incomplete relief from symptomatic remedies. They do not postpone or prevent the development of chronic asthma and its complications of chronic sinusitis, fibrosis, emphysema, chronic bronchitis, and ultimate chronic lung failure. Symptomatic remedies should supplement but should not replace specific therapy.

Don't allow an asthmatic to get sick enough to threaten life without putting him where he can be bronchoscoped, if nceessary. Aspira-

tion of inspissated sputum is a life-saving procedure occasionally, less often since the advent of ACTH and cortisone. The indications for bronchial aspiration are simple. First, a severe attack of asthma resistant to conventional remedies. Second, one or more areas of the lungs which have markedly diminished breath sounds persisting for several hours.

Don't forget that the frequency and severity of attacks is influenced by emotional tension in many asthmatics. Psychogenic factors are of major importance in a significant percentage of cases.

Don't procrastinate. A detailed search for the couses of wheezing should be started with or soon after the first mild attack. Failure to do so results in much unnecessary suffering, chronic respiratory crippling and eventual death.

Highlights of Business Meeting

Continued From Page Eleven

Editor of Journal, Dr. W. T. Armstrong

Dr. Hogans made a motion that the slate be elected as presented. The above named Doctors were elected by voice vote with no dissenters. Dr. F. E. Davis reminded the body that the constitution now called for the election of a Vice President. He nominated Dr. Rann of Charlotte. Dr. Rann was elected by voice vote.

Dr. F. E. Davis was elected as Chairman of the State Delegation to the N.M.A. Dr. York Garrett was elected delegate to the National Pharmaceutical Association.

The following members were elected to the Executive Board:

Dr. Roy S. Wynn

Dr. Charles Watts

Dr. R. C. Wimberly

Dr. Catherine Middleton

In the final meeting of the session the report of the committee on Time and Place touched off a lively discussion with a number of our members favoring a central meeting place. The time and place of our next meeting was not decided upon and will probably be decided in a forthcoming executive board meeting. All of us will probably get another chance to talk before deciding the question of a central meeting place, however.

Some instructions were given to delegates to the N.M.A. which were a bit too involved to be summarized just here. Dr. W. T. Armstrong thanked the body for the cooperation given him during his term as President.

The new members of the organization were presented by Dr. P. W. Burnett.

Incoming President, Dr. W. A. Cleland, made his inaugural address in which he asked the cooperation of the body. He waited questions and comments from members of the organization. He stressed the saying that "Where there is union there is strength," and suggested even the use of legal aid in opening the way for entrance into the State Medical Society so that admission may be gained into the N.M.A.; and asked that a way be sought to get around the "Social" issues involved.

A conference of constituted societies were invited so that the Exec-

utive Board might have the thought of the constituent societies in mind before acting upon important issues. Dr. Cleland promised that he would continue to carry out the program initiated by Dr. Murray Davis. He also stated he would visit all of the sections in an effort to win the full support of all of the members of the Association.

Dr. Cleland appointed Dr. Creft of High Point as Chairman of the Medical Section and Dr. Wimberly as Chairman of the Pharmaceutical Section.

Gynecology in General Practice

Continued From Page Twelve

if he quoted me as saying that I have not used "shots" for this purpose for many years, and I am sure that many of my colleagues can say the same. For that matter, I suspect that our fine young colleague, with his high ideals of medical practice, would be sensitive about using shots because he might be accused of carrying on a profitable racket, keeping his patients trotting back and forth for innumerable shots at so much per.

I have felt justified in elaborating on this particular aspect of office gynecology simply because I believe this to be one of the most glaring and widely prevalent therapeutic abuses in our profession. Rational endocrine therapy presupposes at least some familiarity with the normal reproductive hormonal mechanism, and its possible aberrations. It is really not difficult to acquire at least an elementary but adequate knowledge on these matters either from textbooks on endocrinology or from the chapters on this subject in any good textbook of gynecology.

Any type of gynecologic disease is apt to be encountered in the office of the general practitioner. Leucorrhea is certainly one of the most if not the most common, and the well-equipped doctor will not be satisfied simply to prescribe douches, but will make an effort to get at the cause, whether this be a chronic cervicitis, a trichomonas vaginitis, or what not. As with pain and bleeding, no intelligent evaluation or treatment is possible without pelvic examination. Backache, again, makes many women decide they have trouble with the pelvic organs or kidneys, but it is far more likely to be due to trouble with the back itself than to either of the above factors. How far the general practitioner will himself wish to go in the matter of diagnostic and therapeutic implications must depend on his own training, predilections and conscience. There are of course some who are well qualified to carry out such procedures as cervical cauterization, biopsy and tubal insufflations themselves, while perhaps the majority will prefer to transfer the complete responsibility to a gynecologist. "Dat old debil" conscience, must frequently be a final arbiter in this respect.

I believe the general practitioners' greatest responsibility in the gynecologic field is his responsibility in the detection of pelvic cancer. The intensive campaign of popular education carried out in recent years by such organizations as the American Cancer Society has undoubtedly increased the proportion of cancer cases brought to light at an early and relatively favorable stage and it is strongly endorsed by the medical profession. But are the profession's own skirts clean, and aren't there still a good many cases in which a deadly delay in diagnosis is clearly chargeable to the doctor and not the patient? There certainly are, as

shown by the statistical analysis of a large number of fully investigated cases by the Philadelphia Committee on Pelvic Malignancy. Undue and sometimes very long delay on the part of the doctor was established in no less than 28% of the cases.

The first port of call of most cancer patients is to the general practitioner, and it is obvious that it is he who often determines the fate of the patient. Often enough she may already be in an advanced stage of the disease when she consults her family doctor, but in other cases the disease is in an early or covert stage, needing only the intelligence, alertness and conscientiousness of her doctor to bring it to the surface. The advanced stages can be diagnosed all too easily by anyone who makes the simplest pelvic examination, but the very early phases often call for such diagnostic procedures as biopsy and vaginal smear studies. Both of these require special training, and I rather think that the great majority of practitioners will prefer to place this serious responsibility on the gynecologist.

As so many have emphasized, every doctor's office should be a cancer detection clinic. He should, above all, impress upon all his women patients the fact that the most important measure which the patient herself can take in protecting herself against cancer is to have a competent examination at intervals of about 6 months. If all women could have such examinations, at present a utopian dream, there is not the slightest doubt that the mortality figures of pelvic cancer would show a spectacular drop.

NATIONAL AFFAIRS

Reporting on the meeting of the Women's Auxiliary to the National Medical Association, Mrs. Davis stated that the National dues had been reduced to $5.00 per year. Interesting reports came from all of the zone directors and that the workshop on the "Five-Point Program" was well handled by Mesdames D. M. Miller, Alvin Mason, LeCount Matthews, and Dr. Bessie Small. Needless to report that all of the social activities were above par and well attended and highly enjoyable.

THE JOURNAL OF OLD NORTH STATE MEDICAL SOCIETY

"DEVOTED TO THE PROGRESS OF MEDICINE"

Lincoln Hospital Symposium

VOLUME III DECEMBER, 1953 NUMBER II

The quiet of a summer day, at the day's close;
The stillness of water, the peace, the deep repose.

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FOREWORD

To say the least, the editors wish to acknowledge the many congratulatory letters and personal commendations from our colleagues for the content and makeup of our first efforts. We also wish to take this opportunity to thank our readers for the criticisms which we requested. You may rest assured that your staff will do all in its power to bring you a better publication with each issue and again we humbly request you to send us news items of interest to our readers. We are highly desirous of scientific papers delivered before your societies. The deadline for the March issue is February 1st. "If you will write it we will print it." —Ed.

The Journal of the Old North State Medical Society

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Published in Rocky Mount, N. C., four times yearly—October, December, March, June

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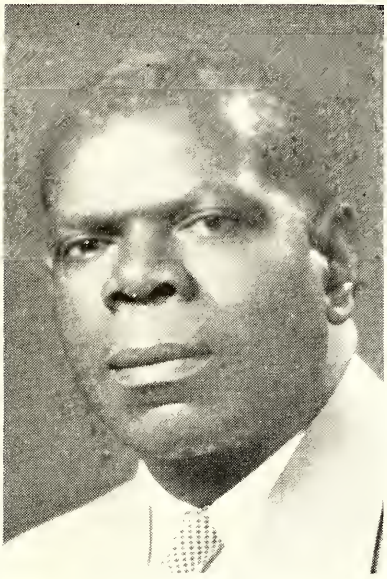
Secretary-Treasurer Old North State Medical Society



Dr. F. E. Davis

Dr. F. E. Davis Greensboro, N. C., Secretary-Treasurer of the Old North State Medical Society, was elected to this office in 1951 after the retirement of Dr. Clyde Donnell of Durham. Dr. Davis is a graduate of Virginia Union University and holds the Bachelor of Science Degree from that institution. He received his medical education at Meharry Medical College and his internship and residency at the L. Richardson Memorial Hospital in Greensboro. He has furthered his education at the New York Post Graduate Medical School. Besides serving as Secretary-Treasurer of the State society he is also Secretary-Treasurer of the John H. Hale Surgical Society of the Carolinas, President of the Greensboro Medical Society, Medical Director and College Physician of the Agricultural and Technical College of Greensboro, a member of the Board of Directors of the Metropolitan Nursery School of Greensboro, a member of the Committee of Management of the Hayes-Taylor Y. M. C. A. of his home town and a member by the Mayor's appointment to the Parks and Recreation Commission of Greensboro.

Dr. Davis by virtue of his loyalty and enthusiasm occupies one of the most important posts in our State society. His every effort has been toward one goal and that goal is to see every practicing physician and pharmacist in the State of North Carolina on the rolls of his organization. His tireless efforts along this line have not been as successful as he would wish. His greatest ambition is to see 100 percent attendance at the annual meeting in Winston Salem in 1954. ALL-TOGETHER, MEN, LET'S GIVE DR. DAVIS HIS WISH.

No, Doctor, The Draft Is Not Dead

On November 11, the Editor of The Journal submitted to Dr. Melvin A. Casberg, Assistant Secretary of Defense, four pertinent questions relative to the matter of medical officer situation in the Armed Forces. November 19th Dr. Casberg replied to these questions and his answers speak for themselves. To those who are in the draft age this article will be most interesting because it gives a first hand look at what to expect in 1954:

Q. 1. Is the doctor draft dead?

A. As long as the Armed Forces of the United States remain at their present expanded strength, there will be a need for physicians over and above those supplied by the regular components and career

Continued on Page Twenty-nine

With The Armed Services

Dr. E. P. Norris, Jr., Durham, a member of the Durham Academy of Medicine, 1st Lieutenant, Navy, stationed at Bainbridge Naval Station, Maryland.

Dr. H. B. Kelley, Greenville, Captain U. S. Army Medical Corps, stationed in Paris, France.

Dr. Christopher Hunt, Raleigh, member of the Scruggs Medical Society, Captain U. S. Army Medical Corps, stationed in Germany.

Dr. William Wheeler, Wilmington, member of the Cape Fear Medical Society, Captain U. S. Army Medical Corps, stationed at

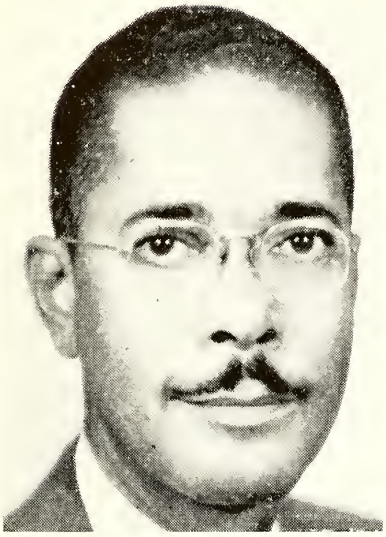
Dr. David R. Wilson, Winston Salem, Captain U. S. Army Medical Corps.

BIRTHS

Dr. and Mrs. Roy S. Wynn, Charlotte, a son, Ossian Barry, September 24, 1953.

Dr. and Mrs. D. B. Cooke, Jr., Durham, a daughter, India Merle, April 15th, 1953.

Recording Secretary Old North State Medical Society



Dr. M. D. Quigless

Dr. Milton D. Quigless, Recording Secretary of the Old North State Medical Society, was born in Port Gibson, Mississippi, where he spent his early life. He attended high school at Alcorn College in his home state but finished this phase of his work at the Wendell Phillips High School of Chicago, Illinois. His Premedical training was done at Crane College in Chicago. His medical training was done at Meharry Medical College, graduating in 1934. His internship was done at City Hospital No. 2 in St. Louis. He returned to Meharry as instructor in physiology and pharmacology and remained there for one year.

Quig, as he is known to his colleagues, opened his office for the general practice of medicine in Tarboro in July 1936. Cognizant of the needs of his people in this area in the way of hospital facilities he opened the Quigless Clinic eleven years later. This structure serves as a 22-bed hospital where he is able to offer services in the field of medicine, obstetrics and gynecology. It is adequately staffed by nurses, technicians and other required personnel.

Dr. Quigless is a firm believer in the saying that "a progressive man never quits learning." For three years he has attended post graduate courses at the George Washington University Hospital in Washington, D. C., in the field of surgery, obstetrics, and gynecology. Besides attending this well known clinic he is a constant visitor at the sessions of Homer G. Phillips Internes Association.

In addition to his office as Recording Secretary of the Old North State Medical Society he is Past President of the Rocky Mount Academy of Medicine, Treasurer of the Eastern North Carolina Medical, Dental, and Pharmaceutical Society, Visiting Clinician associated with the Edgecombe County Health Department. He is active in civic and religious affairs of his community and serves as a member of the Negro Recreational Committee of Tarboro and is a director of the Negro Citizens League and served as an associate member of the local draft board during World War II. He is a member of the National Medical Association and a member of the National Association of Maternal and Infant Care.

As a hobby Dr. Quigless finds time to supervise the farming activities on his well-equipped farm lying in Edgecombe County. His hobbies are swimming and hiking and deep sea fishing.

His goal as Recording Secretary very closely follows that of the Secretary-Treasurer, that is to see every Negro physician duly enrolled in the Old North State Medical Society. To Dr. Quigless for his vision, his keen desire to serve mankind, his undying faith in our organization, and his indefatigueable efforts in the field of medicine, WE SALUTE. He is married to the former Miss Helen McAlpine Gordon of Washington, D. C., and is the father of three children.

The President's Christmas Message

Fellow Constituents Greetings!

Methinks it fitting that as we approach the one thousand nine hundred and fifty-third anniversary of the birth of the "Great Physician," as well as a new year, and in this the sixty-seventh year of the Society's existence, we pause a moment for introspection and reflection. Introspection reveals conditions far from ideal. We do not receive the active and loyal support of many of those for whom the Society was created. Some of our greatest resources are going to waste. May we entreat all active and inactive members to reaffirm their allegiance and unite for a greater Society.

As we reflect let us try to fully appreciate the heritage that the founders of the Society have delivered into our hands, and also the responsibilities that we have in developing all of the Society's potentialities. We are able to discern progress, but not the caliber of progress of which I know we are capable. I am happy to say at this point in our history, I envisage a great future. We have an executive committee and a group of officers who have dedicated their energies and abilities unselfishly to the cause of the Society, so we can do nothing else but reach higher planes in the medical scheme of things.

I admit that as a group we now occupy an inferior position which is not wholly of our making, but this does not indicate to me that we are inferior. We are only inferior in so far as we accept this inferior

Continued on Page Twenty-four

Eighth Annual Post Graduate Clinic

Durham, N. C.—The Eighth Annual Post Graduate Clinic at Lincoln Hospital sponsored a one-day symposium on Heart Disease on Friday, October 30, 1953.

The program was under the auspices of the Old North State Medical Society and the staff of Lincoln Hospital. Registration for the symposium was held at the Angier B. Duke Nurses Home from 8:30 to 9:25 Friday morning. Dr. Donnell and Mr. William M. Rich, director of Lincoln Hospital, welcomed participants following registration.

Several noted clinicians from the University of North Carolina Medical School lead discussions during the morning program. The participants and their subjects for the opening program were: Dr. Earnest Craig, "Congenital and Acquired Heart Disease in the Young Which Will Include Management of Rheumatic Heart Disease," 9:30-10:30 a. m.; Dr. Carl Gottschalk, "Physical Examination of the Patient with Demonstration of Cases of Congenital Heart Disease If We Can Arrange to Have Some Present," 10:30-11:30 a. m.; Dr. Richard Peters, "Ascultation of the Heart With Sound and Screen Projection," 11:30-12:30 p. m. Discussions followed presentations.

Dr. W. A. Cleland, president of the Lincoln Hospital Staff and of the Old North State Medical Society presided at the morning and afternoon sessions.

The afternoon program began at 2:00 p. m. Clinicians from the

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CERVICAL CARCINOMA

By H. C. Duckett, M. D.
Duke University Hospital, Durham, N. C.

Cancer of the uterus is one of the most important diseases of women confronting the gynecologist today. This fact is well illustrated when we recall that 50 per cent of all fatalities in women attributable to malignancies are due to cancer of the uterus. Also, each year cancer of the uterus causes 16 to 17 thousand deaths.

Yet, in spite of these already appalling figures, the incidence of the disease is becoming more frequent. This can be explained by the increase in life span so that more women are reaching the cancer age group and by better diagnostic facilities. I feel sure that in years past, unknown to the patient and physician, many women died of cancer of the uterus.

It would be difficult to cover the general subject of cancer. Therefore, I have elected to write only of cervical carcinoma which is by far the most common malignancy of the uterus. It is 12 times as frequent as carcinoma of the fundus.

As with cancer elsewhere, no definite conclusions can be drawn as to its etiology. Chronic irritation caused by injury and infection associated with childbirth has been most commonly incriminated as the cause of cervical cancer. What supportive evidence do we have for this? Its greater frequency in parous women is certainly suggestive. Also, the well-known etiologic role of chronic irritation in malignancies of the tongue and skin make this a most attractive theory. Yet it does not explain the disease in nulliparous women, nor does it account for its absence in millions of parous women. Although present evidence does not justify unquestioning acceptance of this theory, one should endeavor to clean up infected cervices with douches, cauterization and/or appropriate medications.

To physicians, as well as to the laity, cancer is considered a hereditary disease. Yet there is no infallible evidence to support this idea. We are all familiar with animal experiments in which carcinogenic strains have been produced. Yet Bittner found that unless the young of the carcinogenic strains are suckled by the mother, the tendency for cancer is greatly decreased. This suggests that the carcinogenic factor is transmitted by the milk rather than through the medium of an inheritance gene. Investigation of family histories are similarly without convincing evidence. Lynch found a positive family history in 30 per cent of patients with cancer of the cervix. Yet in a similar number of patients treated for some gynecological complaint other than cancer, the family history was again positive for cancer in 30 per cent of the patients. Certainly to date uterine cancer has not been proven a hereditary disease.

Estrogen, as a carcinogenic agent, has been much discussed and investigated in the past two decades. Most of this work has been done with mice which after long-continued administration of estrin showed an increased incidence of cancer of the breast. However, the doses used in these experiments in relation to body weight are many, many times in excess of the amounts to which humans are ever exposed. Also, attempts to produce cancer in monkeys with large doses of estrogens

Continued on Page Twenty-five

The President Reports

This administration's kick-off was made with the Charlotte Medical Society under the resplendence of the country estate of the affable and congenial Doctor Watkins. I am indeed grateful to the Charlotte group for a very enjoyable and memorable evening. I was greatly encouraged by the spirit that existed and the organizational workings of this constituency. There would be no doubt as to the future of the State Organization were we to have a few more local societies like the Charlotte Medical Society. Because of the nature of this meeting we were able to focus the attention of some of the local population, through the medium of a sympathetic press, on some of the inequities that unjustifiably exist locally and throughout the State, where we as a group are concerned. Let us pray that some good will come of that.

The president met with the Twin City Medical Society during the month of October. This meeting was called for my benefit and I am grateful to them for this consideration. Although Winston-Salem has not been as active as we have hoped, I have received assurances that they have renewed interest and a determination to resume their rightful place in the State Organization. Winston-Salem has already gone to work to make our next annual meeting one to be long remembered for its excellence. At this meeting we discussed at length some of the reasons for a lack of interest by some in the work of the State organization. The president received many helpful suggestions and criticism which should help the administration steer the organization in the right direction. It was advanced by the group that we might be able to have the State Dental group meet in Winston-Salem at the same time. I am definitely in accord with this idea and look forward to a social reunion with this group.

It is the desire of your president to meet with all of the constituent societies and local groups. If you will let me know when I will be acceptable at your local meetings or other occasions I will put forth every effort to be present.

Yours for the good of the Society,

W. A. Cleland, M. D.
President
Old North State Medical Society

Preparation of Blood Smears

1. The lobe of the ear or ball of the ring finger may be used in adults. In infants, it is necessary to use the toe or the heel.
2. Refrain from squeezing unduly because excess of tissue juices may be forced out, thus causing inaccurate results. The finger or ear lobe should be rubbed to promote circulation.
2. The skin is cleaned with 70% alcohol and is allowed to dry before pricking.
4. Hold the part firmly, and prick it deeply enough to allow adequate bleeding. This should be done with an instrument with a wide cutting edge, such as a Hagedorn needle.

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Merry Christmas and a Happy New Year

As we come to the blessed season we earnestly hope that there is a sureness of faith at this Christmastime in all the homes of our readers and that there is a thankfulness for respite in a world of turmoil, and the sobering thought that steps to betterment are squarely up to us . . . as a nation, as neighbors, as societies, and as individuals and we wish for the understanding and trust, warm and abiding, that make a home a haven of rest and security against all that does NOT belong with Christmas. For now we come again to the miracle of Christmas. The very sound of the word revives memories of gentle smoke that comes from the chimney early on Christmas morn that denotes the presence of a warm hearth and warm hearts inside, the fragrance of spices and the smell of fir from the gaily decorated trees. How many good things are spoken at this season. How many old grudges are forgotten at this time . . . a time when the heart opens like a rose and sheds its beauty on the unknown visitor.

This corner truly wishes that all of you may be blessed with the privilege of being with your loved ones in the warm glow of intimate affection and wherever you travel, "may a star lead you, the wind be at your back, the road rise to meet you, and God hold you in the hollow of His hand."—Ed.

New Year's Wishes From The Editor

1. For Dr. W. A. Cleland, President, 100% enrollment of the medical and pharmaceutical men in the State.

2. For the Lincoln Hospital Clinic,, under the auspices of the Old North State Medical Society and the Lincoln Hospital Staff, a bigger and better attended clinic in 1954.

3. For the Committee on Integration headed by Dr. Murray B. Davis, final acceptance of our plan on integration with the Medical Society of the State of North Carolina.

4. For our Secretary, Dr. F. E. Davis, better cooperation from the members of our society in the matter of paying their dues and attending our annual meetings.

5. For Drs. Joseph Walker and H. D. Malloy of Winston Salem, a minimum of headaches, a large attendance at the annual meeting in Winston Salem, heaps and heaps of cooperation from their local colleagues, excellent clinicians for the meetings and all the success in entertaining the State Society in their home town in 1954.

6. For the Committee on Naming the Doctor-of-the-Year, fewer pitfalls and equal success in 1954 as in 1953.

7. For the Committee on Centralization headed by Dr. Catherine Middleton of Raleigh, a workable plan to present to the membership at the annual meeting.

8. For the Woman's Auxiliary headed by Mrs. Gwen Davis of High Point, all the success that one might have in their 5-point program which is national in scope.

9. Dr. E. L. Rann, Chairman of the Committee on Exhibits, may he be successful in getting one hundred percent cooperation from the many firms with which our members deal in one way or another.

John H. Hale Surgical Society

The John H. Hale Surgical Society of the Carolinas held its fall meeting at Lincoln Hospital in Durham, N. C., November 11, with Durham members, Drs. J. W. V. Cordice, R. E. Dawson, L. R. Swift, C. D. Grandy and C. D. Watts acting as host committee. The meeting was highlighted by the appearance of Drs. Charles Watts, J. W. V. Cordice, Jr., Robert E. Dawson, and Leroy Swift as clinicians. Registration was followed by a welcoming address from the Superintendent of the hospital, Mr. William Rich. The meeting then went into clinical session with presentation of cases and ward rounds conducted by Drs. Dawson and Watts. Dr. Dawson presented a case of Acute Congestive Glaucoma and discussed his patient as well as the subject of Glaucoma in general.

Dr. Watts presented three cases; one of Gall Bladder Disease, one of Peripheral Vascular Problem in which a sympathectomy and skin graft had been done, and a case of Carcinoma of the Rectum. Each of these three cases were discussed by the members and questions entertained from those present. Following this discussion Dr. J. W. V. Cordice, Jr., presented a paper on the Use of Plasma Expanders. The early afternoon session featured a paper by Dr. Leroy Swift on Vaginal Bleeding which was well received by the group.

The meeting was attended by approximately twenty-five men interested in the field of surgery in the Carolinas. The business session followed the close of the clinical meeting and Dr. T. C. McFall of Charleston, S. C., was elected as the new president. It was announced that the spring meeting would be held in Columbia, S. C., at which time the new president will be installed. Those in attendance were:

Doctors S. M. Beckford, Henderson, J. W. V. Cordice, Durham, T. C. McFall, Charleston, S. C., F. E. Davis, Greensboro, E. E. Blackman, Charlotte, Robert E. Dawson, Durham, James M. Douglas, Spartanburg, S. C., Dewey M. Duckett, Rock Hill, S. C., C. D. Watts, Durham, Roy S. Wynn, Charlotte, Leroy Hall, Winston Salem, J. C. Jordan, Winston Salem, L. W. Long, Union, S. C., H. R. Malloy, Winston Salem, C. E. Morgan, Columbia, S. C., Ralph Rivers, Union, S. C., Leroy Swift, Durham, E. E. Toney, Oxford, N. C., R. M. Wyche, Charlotte.

EDITOR'S PAGE

Governor Umstead and the N. C. Medical Care Commission

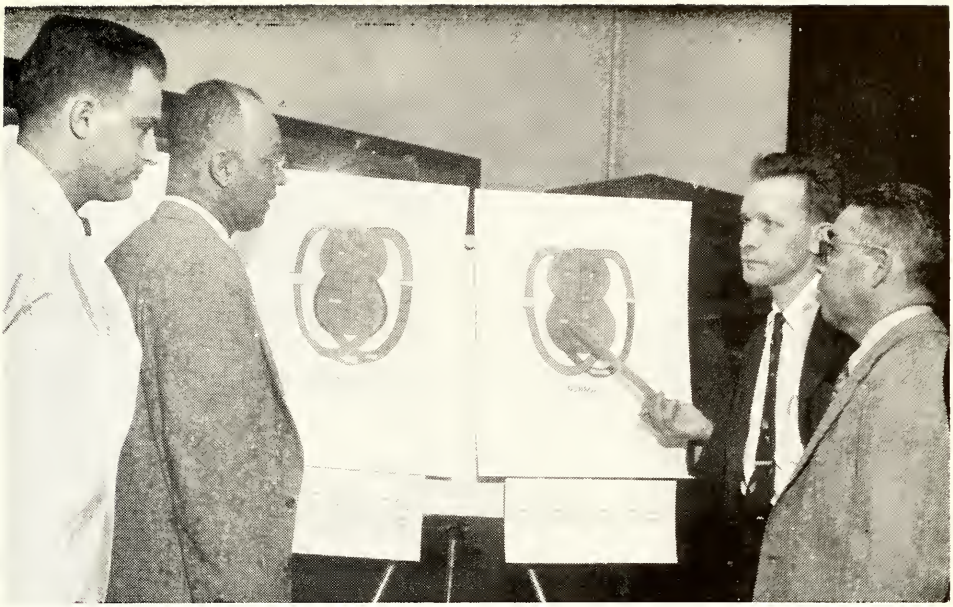
The members of the Old North State Medical Society are at a loss to understand the policy of Governor Umstead and his predecessor, Governor Kerr Scott, in flatly refusing to name Negro doctors to the all-important North Carolina Medical Care Commission. For the sake of the record let's review the issue. This same situation existed during the term of Governor Scott and it was brought to his attention in a letter directed personally to his desk during his tenure and at a time when vacancies existed on this commission. Governor Scott replied in a letter that our group was represented by an individual who was a hospital administrator. Governor Scott was advised that even though we believed that this individual was fully capable as a hospital representative he was not a member of our society and furthermore he was a layman. The issue died with Governor Scott right there. Upon the inauguration of Governor William Umstead his attention was called to this glaring injustice and he advised the President that he had not made any appointments to this all-important committee and that he would certainly take our suggestion into consideration when the appointments were made. At the time of this communication two vacancies existed. We need not point out that Governor Umstead again passed over the members of the Old North State Medical Society in making his appointments.

Recognizing the importance of this commission in its overall work we hasten to point out that 150 or more Negro Doctors serving 85 to 90 per cent of the Negro population have no representation nor any voice in the activities of one of the most important State commissions, one that deals so largely with our profession and our people.

What can be done? Where can we turn to get better results? These are unanswered questions but we believe that our Executive Committee should seek a conference with Governor Umstead and let him know the facts. Let him know that this consistent practice of excluding this segment of the medical profession in North Carolina from this commission smacks of rank prejudice and gross injustice.

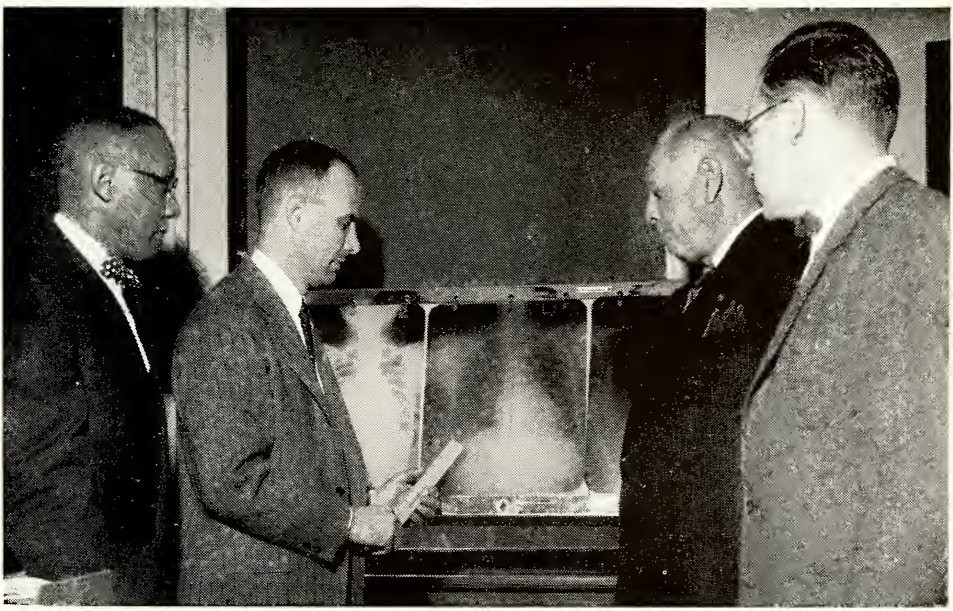
Re: Payment of 1953 Dues

Although we dislike doing it we are forced to remind a number of our colleagues that they are still delinquent in the matter of payment of dues for 1953. This is the last issue of the Journal to be sent to all registered medical men in the State unless their names appear on the financial roster of the Secretary-Treasurer. The March issue will carry the roster of financial members and as has been pointed out in another section of this issue this roster will be sent to all government agencies, State Boards of Medical Examiners, and related organizations that have requested this information. Surely, you will not like the idea of not having your name appear. DO IT TODAY . . . SEND YOUR CHECK TO DR. F. E. DAVIS, 907 EAST MARKET STREET, GREENSBORO.



HEART SYMPOSIUM AND CANCER CLINIC A HUGE SUCCESS

The Lincoln Hospital Heart Symposium and Cancer Clinic held under the joint auspices of the Lincoln Hospital Staff and the Old North State Medical Society was just what we predicted . . . a huge success. Much praise and commendation should be bestowed upon Doctors Donnell, Watts, Randolph, Cleland and Mr. William Rich of Lincoln Hospital. The choice of clinicians was good and all of those in attendance were high in their words of commendation for a job well done by those responsible for the symposium and clinic. From talking with the visitors from South Carolina, Virginia and our own members we easily got the impression that they will be right back in '54. Really, gentlemen, if you missed it you missed a treat. We predicted its success in our last issue and we were one hundred percent right.



Congratulations - - -

The Charlotte Medical Society for the establishment of a scholarship loan fund of three hundred dollars per year for four years to a qualifying student who wishes to study pharmacy, dentistry or medicine at any standard medical or pharmaceutical school.

Dr. G. A. Lowe of Charlotte, a member of the Charlotte Medical Society, on his return from the Armed Services and the reopening of his office in the Queen City.

Dr. D. W. Harrison, Wadesboro, a member of the Charlotte Medical Society, on his returned from the Armed Services, and the reopening of his office for the practice of medicine.

Dr. George Blackman, son of Dr. E. E. Blackman of Charlotte, on his return to graduate school for further study in the field of surgery.

Dr. C. W. Thompson, Greenville, on the opening of his suite of offices for the practice of medicine in this Eastern North Carolina thriving town. Dr. Thompson was formerly located in Chapel Hill.

Drs. Clyde Donnell, R. P. Randolph, Charlie Watts, W. A. Cleland, and the entire staff of Lincoln Hospital for the excellent job in arranging and conducting the Eighth Annual Post Graduate Clinic October 30th and 31st.

Dr. W. M. Hampton, Greensboro, for his appointment by the Mayor as a representative of the City of Greensboro at the first International Municipal Congress at Montreal, Canada, September 20-24.

Dr. George H. Evans, Greensboro, for his appointment to the Greensboro Housing Authority.

Dr. F. E. Davis, Greensboro, for his appointment to the Parks and Recreation Commission of Greensboro, N. C.

Dr. W. R. Perry, Burlington, for his appointment to the Recreation Commission of Burlington. This marked the first time that a Negro had been selected to this Commission.

Dr. C. W. Furlonge, Smithfield, for his reappointment to the Trustee Board of Fayetteville State Teachers College.

Dr. W. P. Devane, Fayetteville, for his appointment to the Trustee Board of Fayetteville State Teachers College.

Dr. William C. Hines, Wilson, for the reopening of his office in Wilson for the practice of medicine and surgery following his release from the U. S. Army Medical Corps. Dr. Hines saw service in Korea, Japan, and in this country.

Dr. J. S. Thompson, Durham, one of the oldest members of the Old North State Medical Society, for his gallant fight in his recent illness. It will be good news to his many colleagues to know that he is well on the way to recovery and has returned to his practice.

Dr. M. D. Quigless, Tarboro, for his appointment as visiting clinician of the Edgecombe County Health Department.

Dr. H. Rembert Malloy for his service as a member of the Board of Directors of the Community Nursing Service of Winston Salem.

Dr. Rufus S. Hairston, Winston Salem, for his appointment as a Trustee of Winston Salem Teachers College.

Dr. J. M. Walker, Jr., Winston Salem, for his selection as President of the Twin City Medical, Dental, and Pharmaceutical Society, also for his appointment as a member of the Civil Defense Committee of Greater Winston Salem and Chairman of the Negro group.

Woman's Auxiliary To The Old North Medical Society

Mrs. Gwen Davis, President of the Woman's Auxiliary to the Old North State Medical Society, reports that Mrs. R. Stillmon Smith, president of the Woman's Auxiliary to the National Medical Association, has appointed a national chairman for each of the five points listed in the overall program of the national group. She has also requested the State Presidents to appoint a local chairman for each of the points as a means of developing a follow-through of this program. The National Theme is "Building Today For A Better Tomorrow By Pulling Together." Mrs. Davis reports that she has selected her local chairmen and that they have started work on their particular points. She further states that it is encouraging to note that all of those that she has contacted have accepted their responsibilities and are making headway on their projects. The program includes community action in the field of health, education, legislation, human relations, and community needs.

Reports coming from the Woman's Auxiliary of the Twin City Medical, Dental and Pharmaceutical Society indicate that plans are now being drawn to make the visit of the Auxiliaries to Winston Salem in June 1954 a visit that will long be remembered.

"Our Auxiliary and The Christmas Spirit"

By MRS. M. B. DAVIS

President of State Auxiliary, High Point, N. C.

"There can be no real and abiding happiness without sacrifice. Our greatest joys do not result from our efforts toward self-gratification, but from a loving and spontaneous service to other lives. Joy comes not to him who seeks it for himself, but to him who seeks it for other people."

The dawn of the new year for our Auxiliary has passed and as the Yuletide season approaches, we find ourselves nearing noon of our auxiliary year. Therefore, it is the time for all of us to contemplate on the progress of our various auxiliaries.

The work of the Auxiliary must be evaluated and understood in the light of its objectives. The State Auxiliary is consciously attempting to attain certain goals. Its formal objectives are set forth in our constitution. Other important goals have been attained during the years. It is to understand that all of our efforts are activated in the light of these objectives, which provide the framework of constructive advance. I hope that we shall continue to work together in the days ahead just as we have in the days past, and that, as each day passes it will cement our friendship and increase our devotion to one another and to our auxiliary.

The possession of a strong State program can become a reality only if we acquire the support of each one of our local auxiliaries and the membership thereof. We have in our membership some of the keenest minds and finest spirits to be found anywhere. Women in the "know" who are struggling to present to their communities the facts regarding regimentation versus freedom. Balanced, mature women who believe that their chief function as women, is a capacity for warm and charitable human relations. There are women still among us who would lend greater richness and strength to our organization, if only they would

realize the need of a bigger Auxiliary, remembering that only "in unity there is strength."

Our theme is a challenging one. You have a part in developing better human relations within the Auxiliary, with emphasis on our spiritual, moral and cultural development. While we are making plans for our friends and loved ones during this Christmas season, let us take time out to think of those who are less fortunate; thus promoting human relations and community needs, points of our Standardized Five-Point Program.

My Christmas message to you may be expressed poetically in the manner below:

If we were to wish for Christmas joy,
Let us sacrifice a bit for a girl or boy.
Kind words and deeds let us also give,
T'would bring hope and cheer to others who live.
Just a doll from Santa's pack would bring
Some little girl joy whose heart would sing
To the teenager a colorful adventurous book,
Upon you with gratitude he'll be sure to look.
Tears of joy will flow from the eyes of a mother
When she discovered that you and none other
Had sent her a Yule wish and a basket of food,
To quell the hunger of her needy brood.
Some aged person with a heart of gold,
Would love a pair of slippers to a measure untold.
By doing these deeds, a being would inherit
Good cheer, good fortune and the Christmas spirit.

Original, — Gwendolyn P. Davis

On To Winston Salem In June 1954

Word has reached this office from the Chairman of the Executive Committee and the President of the Twin City Medical, Dental and Pharmaceutical Society that the 1954 annual meeting of the Old North State Medical Society will be held in Winston Salem. Further communication from the President, Dr. Joseph Walker, Jr., advises us that it is to be June 1st, 2nd and 3rd, and that plans are already taking shape to make this meeting one of the best and the greatest in the history of the organization. In our last issue we bemoaned the fact that our Winston Salem colleagues had seen fit to drop away from our State organization with the exception of one or two individuals who still kept the faith in it. Somewhere and somehow the fires have again been lighted to our great pleasure and we welcome the opportunity to "shake a hand" in Winston Salem.

There is no doubt that our organization needs the support of the Twin City men and there can be little doubt that we can be of help to them. Certainly, the two organizations can complement each other. The overall news report from the President's office was truly wonderful. Elsewhere in this issue you will see part of it. The remainder is scheduled for publication in the next issue of the Journal.

To the Twin City Medical, Dental and Pharmaceutical Society we are indeed happy to invade your happy hunting grounds. Rest assured that the Journal will do all in its power to make your meeting in 1954 the BEST in many a moon.

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Original, — Gwendolyn P. Davis

On To Winston Salem In June 1954

Word has reached this office from the Chairman of the Executive Committee and the President of the Twin City Medical, Dental and Pharmaceutical Society that the 1954 annual meeting of the Old North State Medical Society will be held in Winston Salem. Further communication from the President, Dr. Joseph Walker, Jr., advises us that it is to be June 1st, 2nd and 3rd, and that plans are already taking shape to make this meeting one of the best and the greatest in the history of the organization. In our last issue we bemoaned the fact that our Winston Salem colleagues had seen fit to drop away from our State organization with the exception of one or two individuals who still kept the faith in it. Somewhere and somehow the fires have again been lighted to our great pleasure and we welcome the opportunity to "shake a hand" in Winston Salem.

There is no doubt that our organization needs the support of the Twin City men and there can be little doubt that we can be of help to them. Certainly, the two organizations can complement each other. The overall news report from the President's office was truly wonderful. Elsewhere in this issue you will see part of it. The remainder is scheduled for publication in the next issue of the Journal.

To the Twin City Medical, Dental and Pharmaceutical Society we are indeed happy to invade your happy hunting grounds. Rest assured that the Journal will do all in its power to make your meeting in 1954 the BEST in many a moon.

Some Notes On Antibiotics and Chemotherapy In Infectious Diseases

WILLIAM J. MARTIN, M. D.

Division of Medicine, Mayo Clinic, Rochester, Minnesota

1. Four antibiotic agents in current use are capable of producing renal damage: (a) streptomycin, (b) polymyxin, (c) bacitracin, and (d) neomycin. Keep a close watch on the blood urea when using them; hesitate to give them in full dosage when the blood urea is elevated before their use.

2. It is probably not wise to give more than 10,000 units of bacitracin 4 times daily systemically because of its nephrotoxicity.

3. Neomycin is rarely used because it is both ototoxic and nephrotoxic. The drug should be used no longer than is absolutely essential, and then in a dose not exceeding 250 mg. every 6 hours by intramuscular injection.

4. One apparently cannot build up a sufficient concentration of neomycin in the urine to control susceptible organisms (example: Pseudomonas aeruginosa) without inducing severe ototoxic and nephrotoxic effects.

5. All of the socalled major antibiotics have been responsible for complicating oropharyngeal infections. Staphylococcal glossitis and pharyngitis have resulted from streptomycin therapy. Monilial infections of the mouth and throat occur with aureomycin and terramycin. Black tongue, which is probably due to a fungus, has occurred with the oral use of penicillin (the pigment may be due to the deposition of ingested iron in the fungus).

6. Micrococcus pyogenes is a common contaminant of blood cultures. Less than 50 organisms per c.c. of blood are more likely to indicate bateremia than are large numbers.

7. Resistant strains of Micrococcus pyogenes constitute one of the great problems in antibiotic therapy today. Sixty per cent of the strains are resistant to penicillin, 40 per cent to streptomycin and 35 per cent to aureomycin and terramycin.

8. So-called micrococcal or staphylococcal ileocolitis occurs in patients who have received terramycin or aureomycin by mouth for a long time and usually who have undergone recent surgery. Micrococci can be obtained from the stools in pure culture. The terramycin or aureomycin eliminates the normal gram-negative bacterial flora and allows the resistant micrococci to overgrow. Such micrococci are also usually resistant to penicillin and sterptomycin; they may have their origin in hospital personnel carriers. The staphylococcal toxins induce intense restlessness, anorexia, vomiting, fever, abdominal distention, diarrhea and shock. The multiple, liquid, odorless, light-colored stools gradually return to normal if the micrococci can be eliminated and the negative flora returns. Erythromycin or magnamycin is effective in the treatment of this complication.

9. Erythromycin is one of the last defenses against micrococci resistant to more commonly used antibiotics. It currently has lifesaving value. However, micrococci can become resistant to it. It is given in doses of 300 to 500 mg. by mouth every 6 hours.

10. In many cases of persistent furunculosis and sycosis barbae, one

can locate a reservoir of micrococci in the nose, eye or some other region, from which the continued reinfection occurs by means of the fingers or handkerchief.

11. Gram-negative bacilli, if resistant to aureomycin and terramycin, are also resistant to chloramphenicol. Fortunately, however, a strain of Micrococcus pyogenes resistant to aureomycin and terramycin may be sensitive to chloramphenicol.

12. Organisms which have been made resistant to aureomycin, terramycin or chloramphenicol may become more sensitive to streptomycin. The converse also may prove true.

13. Even very sensitive strains of organisms can become resistant to streptomycin rapidly. Bacterial resistance is always at least a potential problem whenever streptomycin has been used in moderate or high dosage for more than a few days.

14. Streptomycin penetrates into the peritoneal cavity well but not into the pleural cavity. Therefore, streptomycin does not constitute an adequate systemic approach to empyema.

16. One rarely encounters eighth nerve damage due to streptomycin if the dosage is no more than 2 Gm. daily for 2 weeks or 1 Gm. daily for 4 weeks, provided that renal function is normal.

17. Streptomycin is very effective against Klebsiella pneumoniae (Friedlander's bacillus).

18. Streptomycin is the drug of choice in most Pasteurella infections (plague, tularemia), but Pasteurella multocida is very sensitive to penicillin. The latter organism may be isolated in pulmonary infections of patients who handle chickens ("chicken farmer bronchitis)".

19. Paresthesia, especially around the mouth and about the hands, may be seen during treatment with both streptomycin and polymyxin B.

20. The development in vivo of penicillin-resistant group A hemolytic streptococci has not as yet been reported.

21. Aureomycin and terramycin demonstrate cross resistance; that is, if an organism is resistant to aureomycin, it will usually be resistant to terramycin. Erythromycin and magnamycin (carbomycin) frequently exhibit cross resistance. Neomycin and streptomycin may exhibit cross resistance.

22. There are 2 known patterns of bacterial resistance: (a) consecutive mutations, a series of multiple genetic steps (example: penicillin), and (b) the spontaneous origin of a completely resistant form in a single step: single genetic change (example: streptomycin).

23. Postponing therapy until the results of 48-hour antibiotic sensitivity tests are reported does not accomplish much. The 24-hour report suffices. There is seldom more than slight growth of the culture, or an increase of more than 1 dilution in an additional 24 hours.

24. Three antibiotics are amenable to intrathecal use: (a) penicillin (10,000 units), (b) streptomycin (100 mg.) and (c) chloramphenicol (100 mg.) Never use aureomycin or terramycin intrathecally.

25. Combined therapy merely refers to the simultaneous use of more than one antibiotic. Such drugs may be either synergistic or antagonistic. For example, streptomycin usually will synergize with penicillin, aureomycin or terramycin. Penicillin, on the other hand, will usually be antagonized by aureomycin or terramycin.

26. Penicillin is bactericidal when organisms are rapidly multiply-

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frequently encountered venereal diseases, that is, lymphopathia venereum, granuloma inguinale and chancroid.

56. In uninary infection resistant strains of Proteus vulgaris and Pseudomonas aeruginosa may displace other organisms in patients receiving aureomycin or terramycin.

57. Terramycin appears to be effective in eradicating pinworms. The whole family should be treated. Treatment should be continued at least a week.

58. Bacteremia and bacterial endocarditis due to Bacteroides fundulformis can be satisfactorily treated with combined terramycin (or aureomycin) and streptomycin therapy.

59. The concentration of penicillin in blood is increased approximately 1 unit per c.c. of blood for every 1,000,000 units of penicillin given each 24 hours.

60. When large amounts of penicillin are used, enough pyrogens may be administered to produce drug fever.

61. Beware of a pneumonia due to gram-negative organisms developing in a patient under penicillin therapy.

62. The average values of the height and duration of the penicillemia are less after the intramuscular administration of neopenil than after procaine penicillin. Thus procaine penicillin is more desirable in bacteremia. However, for infections of the lung, central nervous system and salivary glands due to penicillin-sensitive organisms, neopenil is preferred because of its higher concentration in those organs.

63. Neopenil produces levels of penicillin in the spinal fluid about 10 times greater than those produced by equal doses of other types of penicillin.

64. Pulmonary tissue apparently has a special affinity for penicillin (neopenil) which it removes from the blood stream rapidly. Once the drug is in the lungs, hydrolysis proceeds to liberate penicillin from the ester (lung repository effect). Neopenil seems specially indicated for pulmonary diseases caused by penicillin-sensitive organisms.

65. The bactericidal action of penicillin apparently persists for significant periods after it is no longer demonstrable in the blood. Perhaps the drug persists in tissues much longer than it does in the blood, or perhaps the penicillin-damaged bacteria are disposed of by defense mechanisms of the host after the drug has been eliminated.

66. The blood transport of penicillin is a function of its solubility in the plasma rather than a function of its actual combination with blood proteins.

67. The inhibitory effects of penicillin on antibody production are probably on the basis of early destruction of the pathogenic organisms, rather than the result of the depression of antibody-producing mechanisms.

68. Penicillin O is similar to penicillin G in pharmacologic and antibacterial activity and can be substituted safely for the latter unit for unit. It is a satisfactory substitute for many individuals who have allergic reactions to penicillin G.

69. It is said that simultaneous use of the sulfonamides and penicillin will elevate the level of penicillin in the blood. It is likewise said that an infection such as pneumonia also may elevate the level of penicillin in the blood. Lower than expected levels of penicillin in the blood

are said to occur in patients with congestive heart failure, probably due to depressed absorption.

70. The passage of penicillin from the blood to the subarachnoid space is enhanced in inflammatory states of the meninges. The concentration of penicillin in the spinal fluid, however, is not bactericidal.

71. If cultures do not reveal penicillin-resistant micrococci, penicillin is the drug of choice for furuncles, carbuncles and cellulitis.

72. Penicillin is usually the drug of choice in actinomycosis. It will produce lasting remissions of pelvic, abdominal and cervicofacial forms in 80 to 90 per cent of cases. It also will eliminate the previously fatal pulmonary forms in 50 per cent of cases.

73. In treating bacterial endocarditis with penicillin it is feasible to give the drug by continuous intravenous drip until 3 blood cultures are negative; then it may be given intramuscularly. The penicillin may be delivered intravenously through a polyethylene tube which may be left in place as long as 2 weeks. One should use 25 mg. of heparin sodium per liter of solution in an attempt to prevent thrombophlebitis at the site of injection. Ordinarily only 2 liters of solution are given daily.

74. Three hundred thousand units of penicillin daily at the time of a streptococcal infection may prevent initial or recurrent rheumatic fever. The patient who has had rheumatic fever should receive 100,000 to 200,000 units of penicillin orally 3 times daily for 5 years after the attack in an attempt to eliminate further streptococcal infection. The risk that hemolytic streptococci in the throat may become resistant to penicillin is negligible.

75. Suppurative pericarditis due to a sensitive gram-positive organism should be treated with a daily aspiration of the pericardial sac and instillation of 20,000 units of penicillin in 5 to 10 c.c. of saline solution in addition to penicillin given systemically. One cannot use aureomycin or terramycin in the same way because those drugs are too irritating to serous surfaces.

76. Penicillin is probably of prophylactic, as well as definitive, benefit in the treatment of clostridial infections. Combined penicillin-bacitracin therapy may be indicated.

77. If at all possible give a course of bismuth to a patient with vascular syphilis before penicillin therapy.

78. Both borreliosis (relapsing fever) and rat-bite fever (Haverhill fever) respond very well to penicillin therapy.

79. If the administration of penicillin to patients with streptococcal pharyngitis depresses the formation of type-specific antibodies due to the rapid removal of the antigenic focus, the patient subject to rheumatic fever or glomerulonephritis may be benefited.

80. Penicillin is the drug of choice against Erysipelothrix rhusiopathiae, the cause of erysipeloid of Rosenbach. The disease occurs mainly on the hands of meat and fish handlers.

81. Most instances of tonsilitis, sinusitis and otitis media are due to the streptococci. Therefore, penicillin is the drug of choice for such infections.

82. Use of probenecid (benemid) to increase the blood levels of penicillin is not always rewarding. Probenecid may increase the blood level of penicillin 2 to 3 times if the original level is low but unfortunately it will seldom increase the level beyond 2 to 3 units per c.c. if the level is already moderately high.

83. Probenecid does not inhibit the excretion of streptomycin, fortunately. It may encourage higher blood levels of sulfonamides, apparently.

84. Use of the sulfonamides has steadily decreased as less toxic and more effective drugs have been added to the clinician's armamentarium. The sulfonamides still have a place in: (a) preoperative preparation of the bowel (example: sulfasuxidine), (b) infections of the uninary tract (example: gantrisin, elkosin), and (c) certain types of meningitis.

85. The 3 types of meningitis in which the sulfonamides may be used are (a) pneumococcal (in addition to anti-serum, and penicillin given systemically and intrathecally), (b) meningococcal (although good results may also be obtained from systemic and intrathecal use of penicillin), and (c) that due to Hemophilus influenzae. For the last type streptomycin also should be given intrathecally; occasionlly influenzal meningitis responds well to aureomycin or terramycin.

86. Prolonged oral use of a sulfonamide may decrease the gram-negative bacterial flora with resultant overgrowth of Streptococcus faecalis.

87. Use of the sulfonamides has been associated with 3 serious diseases: (a) periarteritis nodosa, (b) lower nephron nephrosis, and (c) depression of the bone marrow.

88. Infections with Pseudomonas aeruginosa in the urine, and less frequently in the blood, may call for use of polymyxin B (aerosporin). Sometimes the organism will respond to a combination of aureomycin or terramycin plus streptomycin. Occasionally, if one gets rid of an associated Proteus vulgaris infection in the urine, the Pseudomonas will then disappear. Twenty-five milligrams of polymyxin 4 times daily will usually control uninary tract infections; 50 mg. 4 times a day will do in bacteremia. One should stop treatment with the drug as soon as possible (2 to 5 days) because of the neurotoxic and nephrotoxic capacities of polymyxin B.

89.—Bacterial endocarditis following urologic manipulation or infection, abortion, pregnancy, or operations on the bowel or associated with a neoplasm of the bowel is usually due to Streptococcus faecalis. Such an infection may be implanted on normal valves.

90. Bacterial endocarditis due to the Streptococcus faecalis seldom responds to aureomycin or terramycin even when the organism is said to be sensitive in vitro. Perhaps this is because these drugs are bacteriostatic. The same organism will often respond to combined therapy with penicillin and streptomycin even though in vitro studies demonstrate resistance. Perhaps this is so because these drugs are bactericidal.

91. The organisms usually associated with infections of the gallbladder are gram-negative. Therefore, aureomycin or terramycin in addition to streptomycin are the drugs of choice in treatment of infections arising from this source.

92. Because of its propensity to depress the bone marrow, chloramphenicol should be routinely used only in Salmonella typhosa infections. Five hundred milligrams every 4 hours should be given for 14 days.

93. No patient with a heart murmur should undergo any operative procedure without prophylactic antibiotic therapy. Penicillin, in combination with streptomycin, should be given 2 days before and 2 days after the day of survery.

94. There are 3 mycologic diseases in which chemotherapy may

prove lifesaving. They and the usual drug of choice in eradicating them are: (a) nocardiosis (sulfonamides), (b) actinomycosis (penicillin), and (c) blastomycosis (stilbamidine).

95. Always be certain that bacteremia is not polymicrobic.

96. In cases of meningococcemia the blood pressure should be checked every 15 minutes in order that any radical fall in blood pressure heralding the onset of adrenal failure (Waterhouse-Friderichsen syndrome) may be detected. Timely use of the steroids may prevent exodus.

97. Brill's disease (recrudescent epidemic typhus), murine typhus, Rocky Mountain spotted fever, and Q fever respond satisfactorily to aureomycin or terramycin.

98. Coagulant action of the blood probably is not increased by antibiotics.

99. The amount of an antibiotic in the urine does not represent the renal tissue content of the drug. The latter is probably more important.

100. Acidification of the urine is indicated when penicillin is being used against organisms which have invaded the urinary tract. Alkalinization of urine is indicated when streptomycin, terramycin, neomycin, chloramphenicol or bacitracin is used against urinary invaders, since the antibacterial effect of these drugs is increased with an increasing pH.

101. Cortisone and ACTH have a rare but satisfactory application in severe reactions due to hypersensitivity to penicillin and other antibiotics. Be very cautious in using the steroids in the presence of any infection.

102. The mode of action of the antibiotics is not known. The most commonly expressed hypothesis is that they interfere with certain enzyme systems in an irreversible manner.

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The President's Christmas Message

Continued from Page Five

position without question. Oftimes the greatest exhibition of superiority may be found in the type of fight waged in the struggle to rise above an inferior position.

During this fiscal year of the Society the administration will make its last general appeal to those former members who have deserted ranks, and even this appeal is an indulgence of the executive committee to the wishes of the present administration. From this time forward it will be the policy of the organization to retrench and revamp our over all program with those, who by their actions, have shown that they have the interests of the Society at heart. Dead weight has no place in the Society's plans.

And now in the spirit of the season may I extend greetings and best wishes for health, wealth and happiness to you and your household.

Yours for a better Society
W. A. Cleland, M. D.
President
Old North State Medical Society

Cervical Carcinoma

Continued from Page Six

have failed. Finally, it is remembered that cancer occurs in women most commonly when the tide of estrogen is ebbing.

The etiology of cancer of the cervix is still an enigma. Perhaps irritation, heredity and estrogen all play some role in its causation, but none of the theories have been proven.

Incidence As to Age and Race

Although cancer of the cervix is most commonly a disease of the fifth and sixth decades of life, one must not forget that it can occur in the early years of life. For this reason, abnormal bleeding, no matter what the age of the patient, must be properly investigated. Never assume that it is functional and can be treated with mere reassurance and/or hormones without a pelvic and speculum examination. At Duke Hospital from 1947 through 1951, 552 patients with invasive cervical cancer were seen. The average age was 48.4 years. The youngest patient was 24 years of age and the oldest 85 years of age. Twenty-eight of these patients (4.9 per cent) were less than 30 years old. Eighty-six patients (15.1 per cent) were less than 35 years of age and 160 patients (28.2 per cent) were less than 40 years of age. The disease has no racial preference. Of our 552 patients, 284 were white and 268 were colored.

Pathology

There are two histological types of cervical cancer, squamous cell carcinoma, arising from the stratified squamous epithelium and adenocarcinoma, arising from the gland forming epithelium of the endocervix. The former is much more frequent, the ratio being about 20:1. Clinically they cannot be distinguished. The differentiation is made on microscopic examination.

Grossly, the lesion may present itself as a large fungating, cauliflower-like lesion or it may be a small ulcerating or inverting lesion. The involved area is usually indurated, necrotic and bleeds easily on contact.

When such abnormalties of the cervix are encountered, with or without a significant clinical history, you owe it to yourself and to the patient to rule out cancer by a biopsy of the lesion.

Although there are very infrequent reports of hematogenous spread to distant organs such as the brain, lungs, etc., cancer of the cervix spreads primarily by direct extension and the lymphatic channels. Local extension is to the paracervical tissues, the vagina, bladder and rectum. The lymph nodes most commonly involved are the obturator, iliacs and periureteral nodes; less frequently the uterosacral, inguinal and lumbar nodes are sites of metastases. Cancer of the cervix is for the most part a disease of the pelvis and the patients die from complications arising in the pelvis. The usual cause of death is uremia resulting from ureteral blockage; less frequent causes of death are hemorrhage and infection.

Diagnosis

Early cancer gives no symptoms. However, the cardinal symptoms of cervical cancer are abnormal bleeding and foul smelling leukorrhea. The abnormal bleeding is usually not profuse or prolonged bleeding but rather intermenstrual, postcoital or post-douche bleeding. Pain, and I wish to emphasize this, is not an early symptom of this cancer. Rather

it occurs only late in the incurable stages.

Unfortunately, cancer of the cervix is most often not diagnosed in the early stages. Most of this is due to the patient's delay, because as yet the laity still assume that irregularities of bleeding at the menopause are of no consequence and that cancer does not exist without pain. So it behooves us, as physicians, to make our patients cancer-conscious. Encourage them to have semi-annual pelvic examinations after the age of 30 and to have any irregularities of bleeding investigated immediately. The diagnosis can only be made by pelvic examination and biopsy of any suspicious lesion. If this is inconclusive and the bleeding persists, the patient should undergo a dilation and curettage and further biopsies. Do not, as some have done, assume that irregularities of bleeding in the climacteric are functional and treat the patient with a pat-on-the-back and/or hormones without a pelvic and speculum examination.

Treatment of Cancer of the Cervix

Early diagnosis is the most important part of the treatment of any malignancy. Although one can never promise a cure after a diagnosis of cancer, it can be and is cured in many of those patients who seek medical attention early. Both patient and physician must be cognizant of symptoms and signs of cervical cancer if this is to be accomplished.

The treatment of cancer of the cervix is a combination of deep x-ray therapy and radium therapy. The amount of deep x-ray therapy tends to vary somewhat from clinic to clinic. At Duke Hospital we usually give a total of from 12,000 to 15,000 R depending on the patient's tolerance. This is administered after the method of Coutard in which multiple small doses are given over a long period of time, about 25 to 30 days. It is not given all at one time because the normal tissues would not tolerate it and secondly by giving it in divided amounts the cancer cells are hit when they are most radiosensitive, that is, during the stages of mitosis and reduplication. This should be given by a competent roentgenologist.

Irradiation as employed at our Clinic is through four external ports and per vaginal canal. The external ports are anteriorly and posteriorly located. Each of these ports receives 2200 R for a total of 8,800 R. Per vagina we give 4 to 5000 R. Occasionally the two lateral ports are exposed but because of the dangers of radiation necrosis of the femur with resulting fractures, it is seldom done now days. When they are used, only comparably small amounts are given. Throughout this therapy the patients are on douches and candle exercises. Also at weekly intervals the cervical canal is dilated.

In 4 to 6 weeks following x-ray therapy the patient is hospitalized for the application of 7000 milligrams per hour of radium. This is made in two applications, 4800 milligrams per hour is given intracervically, followed by colpostatic radium for 1200 milligrams per hour. In case there is some question about the delay in giving radium, this is to permit the patient to receive the full benefit of her x-ray which is thought to still be effective for as long as 6 weeks after its completion. During this 6-week interval the uterus is sounded at weekly intervals by her physician. This is to prevent cervical stenosis and pyometra. She uses candle exercises to prevent atrophy of the vagina, which would make the application of radium difficult.

In patients who have a small lesion confined to the cervix without any extensive inflammatory reaction, we frequently give radium therapy

initially. However, in most patients the lesion is associated with much infection and distortion of the cervix and x-ray is the initial treatment. This is done to clear up the infection, which radium would aggravate, and to facilitate the insertion of radium at a later date by shrinking the dimensions of the lesion.

What is the prognosis in cervical cancer? In untreated patients the disease is fatal within 2 years. In treated patients, the prognosis depends upon the stage of the disease when irradation is instituted and to a lesser degree on the age of the patient. Older patients have a better prognosis due to the attenuated condition of the lymphatics and blood vessels which exist after the menopause. This impedes somewhat a rapid spread of the cancer.

From statistics at Duke Hospital and other clinics, the following figures are quoted:

In Stage I, in which the disease is confined to the cervix, we can expect about an 80 per cent 5-year survival.

In Stage II, in which the disease extends to the upper 1/3 of the vagina and/or one or both paracervical areas, not involving bony pelvis, we can expect about a 50 per cent survival.

In Stage III, in which the disease has involved the lower 1/3 of the vagina and one or both paracervical areas out to the bony pelvis, we can expect about a 25 to 30 per cent survival.

In Stage IV, in which there is involvement of the bladder, rectum and extensive involvement of the other pelvic viscera, the survival rate is nil.

The overall survival rate of cancer of the cervix is about 25 per cent. This poor salvage is because the diagnosis in most cases is made only after the disease has advanced to Stage III and IV.

Because no one is satisfied with the results of irradiation therapy, extensive surgery is being employed in many places in attempts to improve the salvage. However, the patients for this form of therapy must be carefully selected. The cancer must be clinically Stage I or Stage II because if the spread is more extensive, the operation cannot be expected to remove all the involved tissues. The patients must not be obese for in the overweight patient, it is impossible to adequately strip the pelvic lymphatics and to remove in toto the parametria andupperhalf of the vagina. Finally, the patients must be good operative risks as concerns any medical disease such as hypertension, diabetes, cardiac or renal disease.

Although surgery is being resorted to in many Stage I and Stage II patients solely for the purpose of improving their salvage; there are some rather good indications for this form of treatment. These indications are: 1) the presence of active cancer after irradiation, 2) adenocarcinoma which is radioresistant, and 3) the presence of large pelvic tumors which interfere with irradiation therapy, (and 4) pregnancy?)

From 1944 through 1951, 188 operations with or without x-ray and radium therapy, were done for cancer of the cervix.

In spite of the apparent increased salvage to date following operation, we are not advocating this type of therapy to replace irradiation therapy for cervical cancer. We are merely trying to evaluate the operation as an adjunct to irradiation. Certainly at the present time our series of patients is too small and the followup too short to reach any final conclusions as to its value. However, even though the final salvage may not be markedly increased by surgery, it seems logical that

the disease may be slowed in its spread, and life prolonged, by excising the lympathics through which it is metastasized.

Conclusions

1) The incidence of cervical carcinoma is increasing. This is due to an increase in life span so that more women are reaching the cancer age group and to better diagnostic facilities.

2) Cervical cancer is most common in the fifth and sixth decades of life, but it does occur not infrequently in the third and fourth decades.

3) Estrogens and heredity have not been proven important factors in the etiology of cancer.

4) Metastases are by direct extension and through the lymphatics. Seldom does the disease extend beyond the pelvis and the patients succumb to complications therein.

5) The most common cause of death is uremia, resulting from ureteral occlusion. Hemorrhage and infection are the other causes of death.

6) The etiology of cervical cancer is not known. However, cervical infections and erosions should be treated.

7) Pain is not a symptom of early curable cancer.

8) Abnormal bleeding is the most important symptom of cervical cancer.

9) Although the prognosis remains poor, the successful treatment depends on early diagnosis.

10) The early diagnosis depends on the physician as well as the patient:

a) Make the patient cancer-conscious

b) Encourage semi-annual pelvic examinations after the age of 30 years and immediately with onset of abnormal bleeding, no matter what the age.

c) Do not, as a physician, neglect a pelvic and speculum examination in the presence of menopausal bleeding. Irregularities at this time are not necessarily functional. Biopsy any suspicious cervical lesions.

11) The treatment of cervical cancer is a combination of x-ray and radium.

12) The value of radical operation, in selected cases, as an adjunct to x-ray and radium has not been thoroughly established.

1. Salvage of 188 Patients Who Received Surgery As a Part of Their Treatment—

Stage	No. of Operations	Living Without Evidence of Cancer
I	111	103 or 92%
II	67	43 or 64%
III	8	4 or 50%
IV	2	0

2. Seventy-four Patients Followed Four or More Years—

Stage	No. Pts.	Living & Well	% Salvage	No. Pts. s Irradiation	% Salvage
I	45	44	97.8%	12	100%
II	25	17	68 %	2	5%
III	3	3	100 %		
IV	1	0	0		

3. Forty-three Patients Followed Five or More Years—

Stage	No. Pts.	Living & Well	% Salvage	No. Pts. s Irradiation	% Salvage
I	27	26	96 %	2	100%
II	15	11	73 %	0	
III	1	1	100 %		

No, Doctor, The Draft Is Not Dead

Continued from Page Two

reservists. There is an estimated need for 5,300 physician replacements in the Armed Forces from July 1954 to July 1955. The source of these physicians is from amongst those who are special registrants under the doctor draft law. For a detailed explanation of this situation, may I refer you to an editorial, "Military Requirements for Physicians," pages 1022-1023, The Journal of the American Medical Association, November 14, 1953.

Q. 2. What will be the effect on the medical situation as a result of the Korean Truce?

A. The reduction of the ratio of medical officers to troop strength announced this past spring is partially in response to the change in the Korean situation. At the present time, further reductions are not contemplated.

Q. 3. Have enlistments on the part of medical men changed the draft needs of the Armed Forces?

A. The requirements of the Armed Forces for physicians from July 1953 to July 1954 are relatively low. During the first three months of this year and concurrent with a draft call, a sizeable number of physicians, most of whom would otherwise be affected by the draft call, volunteered their services and were commissioned. For this reason, it has been established that sufficient reserves are on hand to fill requirements through June 1954. The relatively large requirements for the following year will be filled by those physicians volunteering for a commission and immediate active duty; physicians who are regular registrants as well as special registrants who may receive commissions in lieu of induction as regular registrants and be available for active duty at a later date when needed; and the balance as the result of Selective Service calls. According to information available, there are insufficient special registrant physicians who are regular registrants to fill requirements for the year in question. Past experience has shown that the rate of volunteers is directly affected by Selective Service calls.

Q. 4. Will another draft peak be necessary to fill vacancies in the medical corps of the armed services and when would you estimate this peak to be?

A. The estimated requirement for 5,300 physicians for the year July 1954 to July 1955 is evenly distributed throughout the year. Basing an opinion upon past experience, Selective Service calls will be necessary to meet requirements during that year.

Have you paid your 1953 dues? If not, won't you please send your check to Dr. F. E. Davis, 907 East Market Street, Greensboro, N. C.

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other. The objective of the society is to stimulate the thinking of the men and this is done by inviting outstanding clinicians to each of its meetings. These clinicians come from the fields of medicine and dentistry with an occasional visit by a pharmacist. The fall meeting was held in the new, well equipped infirmary of the Elizabeth City State Teachers College. One would have to visit this plant to appreciate its beauty and usefulness. Appearing before the society at this meeting was Dr. A. F. Riggs, dental surgeon of Elizabeth City, and Dr. McIntosh of the Department of Cardiology, Duke University Medical School. The next meeting of this society is scheduled for Enfield with Dr. W. M. Bryant.

CAPE FEAR MEDICAL, DENTAL AND PHARMACEUTICAL SOCIETY

Officers:

S. R. Rosemond, D. D. S., Wilmington, President
W. V. Easley, Ph. G., Whiteville, Secretary
Hubert Eaton, M. D., Wilmington, Treasurer

This society meets once every three months with the last session meeting in Lumberton, N. C., as the guests of the Lumberton doctors and their wives. No report on the sessions have been received. The next meeting is scheduled for Wilmington during the month of December and plans are already in progress to make this session one worth the attendance of all of its members.

SCRUGGS MEDICAL SOCIETY, RALEIGH, N. C.

Officers:

W. F. Clark, M. D., President
C. B. Middleton, M. D., Vice President-Secretary
R. S. Vann, M. D., Treasurer
W. B. Pettiford, M. D., Chaplain

Only one meeting so far this year as reported by the Secretary. Additional scientific sessions are in the making with outstanding clinicians scheduled to appear at each monthly meeting. Hats off to this society for advising the Executive Committee that Raleigh stood ready to take the 1954 meeting if no other invitation was presented.

TWIN CITY MEDICAL, DENTAL AND PHARMACEUTICAL SOCIETY, WINSTON SALEM, N. C.

Officers:

J. W. Walker, Jr., M. D., President
W. F. Meroney, M. D., Vice President
H. D. Malloy, M. D., Treasurer
E. Shepard Wright, M. D., Secretary
H. T. Allen, M. D., Chaplain

Dr. J. W. Walker, Jr., President of the Twin City Medical, Dental and Pharmaceutical Society writes that the men in the Twin City have joined hands and have already outlined a tentative scientific program with outstanding clinicians for the 1954 meeting of the Old North State Medical Society. Here are the dates and won't you please mark them in red ink on your date book, June 1st, 2nd, and 3rd, in the Twin City. Dr.

Walker states that his society is dedicated to the premise that this will be the best and greatest meeting of the group from the scientific point of view as well as socially.

The scientific meetings of this group hinge around ward rounds in the Kate Biting Reynolds Hospital, Departmental meetings, and motion pictures on various surgical subjects. One of its members, Dr. E. L. Davis, is chief-of-staff of this plant and it has been through his tireless efforts that the hospital received a better than 95% rating on the occasion of a visit by a representative of the American Hospital Association representing the Committee on Accreditation.

In connection with the visit of the Old North State Medical Society to Winston Salem, the Woman's Auxiliary has begun to formulate plans for the entertainment of its members. It is needless to point out that many of its members are closely associated with many worthwhile civic activities and we are sorry that space will not allow us to enumerate them. A breakdown of the membership of the Twin County Medical Society shows 16 physicians, 8 dentists, 2 pharmacists, and one optometrist.

ROCKY MOUNT ACADEMY OF MEDICINE

Officers:

J. A. Tinsley, M. D., Weldon, President
J. W. Black, D. D. S., Rocky Mount, Vice President
W. T. Armstrong, M. D., Rocky Mount, Secretary-Treasurer
F. V. Avent, M. D., Rocky Mount, Parliamentarian

The society meets once each month on the third Thursday night with a program committee providing the scientific portion of the meetings. The October meeting was highlighted by the appearance of Dr. Howard C. Duckett of the Department of Gynecology and Obstetrics of the Duke University Medical School and Hospital Staff. The November meeting is scheduled to have Dr. James W. Woods of the School of Medicine of the University of North Carolina and Dr. W. W. Demeritt of the School of Dentistry of the University of North Carolina is listed for the December meeting. Medical, dental and pharmaceutical men located in the surrounding area are invited to all of the meetings. This organization has honored in a public meeting those members who have been active in the profession for 35 years or more.

Obituaries

Dr. Samuel H. Mumford, born March 24, 1897 in New Bern, N. C., died Friday, October 23, 1953. Did his early education in the city school system of New Bern. Collegiate education was completed at Shaw University where he was graduated with honors. His medical training was received from Howard University where he also was an honor student. He is survived by his wife, a daughter, and two sisters.

Eighth Annual Post Graduate Clinic

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Duke University Medical School were the participants. They were introduced by Dr. David T. Smith. Dr. Jack Myers conducted the opening discussion on "Management of Acute Myocardial Infarction." Dr. John C. Muller spoke from 3:00-4:00 p. m. on "Management of Cardiac Decomposition"; and Dr. Keith S. Grimson discussed "Present Status of Drug Therapy in Hypertension" from 4:00 to 5:00 p. m.

A Cancer Clinic was held Saturday morning at 10:00 o'clock in the Out Patient Department of Lincoln Hospital.

The program for the symposium was worked out by a committee composed of Dr. R. P. Randolph, Chairman; Dr. Charles D. Watts, Mr. Wm. M. Rich, and Dr. Clyde Donnell.

The Lincoln Hospital Clinic was founded in 1935 by the following: Dr. David T. Smith, Duke University Medical School; Dr. N. C. Newbold, N. C. Department of Education, Dr. Clyde Donnell, Dr. Charles A. Dunston (deceased); Dr. L. E. McCauley, Raleigh, Mr. William M. Rich, Director of Lincoln Hospital; Dr. E. A. Branch of Raleigh; Dr. C. S. Mangum (deceased), dean of the University of North Carolina; and Dr. Milton J. Rosenau (deceased), Director of the U. N. C. School of Public Health.

This clinic was numbered among the best we ever had and the attendance was very good for such a short notice.

The doctors who attended were from North Carolina, South Carolina and Virginia. All of the visitors had a word of praise for the program committee.

The Old North State Medical Society and the staff of Lincoln Hospital have planned to make this clinic an annual affair.

Preparation of Blood Smear

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5. The first drop of blood is wiped off.
6. Blood smears are made on slides or cover slips that are clean or free from fatty material. If there is to be any delay in staining they should be protected from flies, which will ruin a smear by ingesting the blood.
7. It is advisable to prepare both thick and thin blood smears for examination for malarial parasites. The thick smear is prepared by placing four drops of blood in the form of a square. They are mixed together with a toothpick or the corner of another slide and allowed to dry. Staining with diluted Giemsa's stain results in hemolysis of the erythrocytes and staining of the Plasmodia, leukocytes, and platelets.
8. It must be remembered that reticulocytes do not take the ordinary blood stains. They are stained with a vital stain, such as brilliant cresyl blue. A practical procedure for the doctor's office is to use cover slips on which brilliant cresyl blue has been previously dried and partially rubbed off. Coverslip preparations are made in the usual manner and counter-stained with Wright's stain.

Next Issue . . . Routine Examination of Urine.